

**MINUTES**  
**9 DECEMBER 2023**  
**ANNUAL CORPORATE MEETING**

The Annual Corporate Meeting of the East Mountain Food Pantry, Inc. was held in Bernalillo County, New Mexico, at 8:00AM on December 9, 2023.

**Members present:**

William E. Butler  
Amy L. Clements  
Cindy A. Hunt  
Sammie E. Hutchison  
David M. Smith  
Thomas K. Campbell, III

**Members Absent:**

Amy Rome

**Others present:**

Cheryl Smith, Treasurer

As Corporate President, Thomas Kyle Campbell III presided over the meeting.

**Financial Report:**

David makes a motion that all financial statements be accepted as presented, see attachments:

A-EMFP Financial Reports for 2022 and 2023, YTD Through November  
B-EMFP FY 2022 Independent Audit  
C-EMFP 2022 IRS 990 Tax Return  
D-EMFP 2022 NM-COROS Submission

Cindy seconds. Motion passes. Financial documents have been accepted as presented. (Financial Documents were provided earlier in the week to all Members via email).

**Discussion of Annual Audit:**

If the Pantry's Income is over \$500,000 in a year, the New Mexico Attorney General requires an independent audit of the Pantry's financial records. So, the Pantry's 2023 financial records will have to be audited by an independent auditor.

## **EMFP 2024 Budget:**

David discussed the Draft EMFP 2024 Budget. David indicated that the BernCo grant needs to be spent by 30 June 2024. A motion was made by David that the 2024 Budget be accepted as presented. Motion was seconded by Bill. Motion passes. The approved budget is shown in Attachment E-EMFP 2024 Budget.

A request has been submitted to the NM State Legislators for 622,300 for 2024-2025 funding. \$240,000 for operational expenses and \$372,300 for infrastructure projects related to the new building and the property.

There is a new person at the USDA that we are supposed to be working with but we haven't made contact yet. **David and Kyle will work on this.**

We are still waiting for Representative Stansbury's office to respond to our questions about whether the USDA funding is a loan or a grant.

**Kyle will work on getting the legal paperwork for the new building done** (easement access etc).

## **Election of Officers:**

Motion made by Kyle to nominate Thomas Kyle Campbell III as President. Amy L. Clements as Secretary and Cheryl A. Smith as Treasurer. Cindy seconds the motion. Motion passes. **Kyle, Amy and Cheryl will serve another year as Corporate Officers for the East Mountain Food Pantry.**

## **Election of Directors:**

Bill is still willing to work on projects and will do as much as his health will allow.

Kyle makes a motion to accept everyone as Directors with the exception of pantry manager Sammie Hutchison. Bill seconds this motion. Motion passes. **Bill Butler, Cindy Hunt, David Smith, Amy Clements, Thomas Kyle Campbell III will all serve as Directors for another year.**

**Adding Officers:** Kyle suggests volunteers to help instead of having to add new officers. He suggests they should be members of local businesses. **Kyle will write a letter about becoming a Member that we can take to businesses when we meet with them in person.** CET members, Officers or Directors or whoever has a personal connection to a business can ask businesses to join. **Amy Clements will make a spreadsheet to share with everyone that can be used to track who has been asked etc.**

**Can we get a list of businesses nominated that we would like to ask?**

East Mountain Radio  
Sandia Federal Credit Union  
Cedar Crest Tire  
Polk's Family Farm  
RoadRunnerFB

**Adding a Vice President, IT position and CFO:** David likes the idea of adding a Vice President so we always know who will be taking over for the President. **There was no further discussion about adding a VP.**

**IT Position:** IT position would include monitoring, repairing, debugging and researching upgrades for software and hardware for the following; solar collection system, wireless internet, pantry front door, property gate, wireless tags in the refrigerators and freezers and website development. David will come up with a list of responsibilities. If we were to hire someone to do this job there would be a trip charge to come to the pantry and it would cost us several hundred dollars per hour for each project. Bill says it may be difficult to find someone to do this job as a volunteer. We may have to pay them.

**CFO Position:** Amy Clements suggested David Smith take over this position. David would like to do the work but does not want a title. Cheryl Smith pointed out that giving David a title would look good in the Annual Report and other official documents. Cheryl Smith pointed out that there was some confusion over the responsibilities of a CFO. She said grant writing is not one of the normal responsibilities of a CFO and should be taken out of the job description. **No decision was made on David accepting the position of CFO or whether he accepted the position.**

**Do we want someone specific to write grants?** Kyle said grant writing should be kept general so everyone can participate. **David will provide access to old grants through google drive so everyone can use that info for grant writing in the future.**

**Property Manager Position:** Hiring a property management company will cost about 12% of our monthly rent income (about 500.00/month) just to administer the contract. There will be an additional cost for each project worked on. A property management company representative is just the middleman and doesn't actually do anything besides schedule contractors to take care of problems at the property. It would not be worth it to hire a property management company. We can ask for a volunteer to do this via the newsletter and other outreach.

**Amy Clements will come up with a rough draft of job description for each of these positions and email them to the Directors for a double check and then post in the newsletter, and ask CET and others to help advertise.**

Cindy suggested creating a paid warehouse manager position once we get the new building.

**Annual Report:** Yes we would like to have an annual report created for grant writing and other purposes. Amy Clements has had annual report writing experience and has offered to spearhead this project. She will create an outline and collect information from everyone at the end of each month. This information will be consolidated into the annual report. Annual reports tend to be lengthy (25-35 pages) so our annual report probably won't be something that will ever be printed. It will be added to the Corporate page of the website as an electronic copy.

**Organizational Meetings vs Closed Director's Meetings:** It's time to separate discussions into two different meetings. It has also been suggested by Amy Clements and Cindy Hunt that we move the time for our Organizational meetings to a weekday or weeknight to see if we can get anyone else involved. **It was proposed that we move our Bi-monthly Organizational meetings to Tuesday evenings from 6-8pm. We still need to decide which Tuesday evening (first, second, etc) but all Directors and Sammie said they were available for Tuesday evening meetings. The first Tuesday evening Bi-monthly meeting will be held in March.** Two different agendas would be needed, one for the Organizational meeting with information that is relevant to volunteers and one for the Executive session of the Directors with topics specific to Administration like long term investing, adding Directors, creating corporate policy and procedures etc.

**Additional business:**

**Mountain Valley Plumbing:** Sammie Hutchison said that Mountain Valley Plumbing has been to the Pantry to scope our lines. We are on their schedule for repairs but it's not an emergency so it's going to take a while for them to work us in. We may have to wait until spring when the ground isn't frozen. The camera survey of our lines has not been billed yet.

**Snow Removal:** Bill Butler would like to discuss snow removal in the shaded area and on the sidewalks for this winter. Cindy will ask Matt (our snow plow guy) if he can plow closer to the garage door in Suite A. Scott will need to move his orange barrel if snow is expected. Unfortunately, Matt can't plow closer to the building because of the ramps. Could we use the snow blower to make it easier to keep that area clear? The snow blower needs a new carburetor and some other work done. Cindy or Bill will talk to Scott about repairing the snow blower.

**Employee Christmas Bonuses:** Kyle proposed a \$200.00 Christmas Bonus for pantry employees Sammie Hutchison and Cheryl Smith via an email that was sent to everyone except David Smith (who was excluded due to the potential for a conflict of interest because Cheryl is his wife). All Director's voted yes. **Cheryl will cut \$200 checks for herself and Sammie (the gross amount of the payment will include appropriate FICA taxes, so the checks net to \$200).**

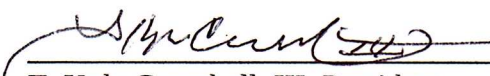
**Upcoming Events:**

Organizational Meeting Saturday, January 13, 2024 8AM Canyon Bible Church  
End of the year Inventory Sunday, December 31, 2023 1:30PM at the Pantry

Bill Butler makes a motion to adjourn our Annual Meeting. David Smith seconds it. Motion passes. The Member's Annual Meeting is adjourned.

  
\_\_\_\_\_  
Amy L. Clements, Secretary

ATTEST:

  
\_\_\_\_\_  
T. Kyle Campbell, III, President

# ATTACHMENT A

## EMFP Financial Reports for 2022 and 2023: YTD Through November



### EAST MOUNTAIN FOOD PANTRY 2018-2023 STATEMENT OF ACTIVITIES

FOOD PANTRY REPORTING	2022 TOTAL		2023 YTD Thru Nov-2023	
FOOD PANTRY REVENUE:	2022	% of Revenue	2023	% of Revenue
General Fund	199,606.38	22%	109,447.91	11%
Allocated:				
Designated	9,056.35	1%	188,154.52	18%
MACI	900.00	0%	-	-
Total Allocated	9,956.35	1%	188,154.52	18%
Governmental Grants	29,076.05	3%	124,812.81	12%
In-Kind				
Advertising	-	-	-	-
Client Items	656,640.68	73%	577,512.07	57%
Maintenance	-	-	125.00	0%
Supplies	-	-	-	-
Total In-Kind	656,640.68	73%	577,637.07	57%
Interest	2,968.38	0%	14,022.13	1%
Processing Fees	124.05	0%	163.53	0%
Other Income (UBI)	3,563.80	0%	5,264.15	1%
<b>TOTAL FOOD PANTRY REVENUE</b>	<b>901,935.69</b>	<b>100%</b>	<b>1,019,502.12</b>	<b>100%</b>
FOOD PANTRY EXPENSES:		% of Expenses		% of Expenses
Allocated:				
Designated	9,056.35	1%	181,799.32	19%
General	66,337.48	8%	23,190.28	2%
Inventory Adjustment	10,553.40	1%	-	-
MACI	900.00	0%	-	-
Total Allocated	86,847.23	10%	204,989.60	22%
Advertising	4,845.07	1%	2,163.32	0%
Client Items				
In-Kind	656,640.68	76%	577,512.07	61%
Inventory	(10,553.40)	(1%)	-	-
Purchased	69,199.01	8%	44,184.00	5%
Thanksgiving Baskets	-	-	-	-
Total Client Items	715,286.29	83%	621,696.07	65%
Depreciation	6,333.01	1%	12,833.45	1%
Fees:				
Auditing	-	-	7,811.88	1%
Banking	-	-	72.61	0%
Filing	136.00	0%	141.00	0%
Processing	124.05	0%	163.53	0%
Total Fees	260.05	0%	8,189.02	1%
Insurance	4,836.88	1%	5,757.58	1%
Maintenance:				
Normal	7,296.26	1%	6,006.71	1%
Remodel	-	-	-	-
Total Maintenance	7,296.26	1%	6,006.71	1%
Staffing:				
Gross	15,760.49	2%	57,128.32	6%
Sick Leave	500.24	0%	1,265.86	0%
Taxes (Payroll)	1,205.68	0%	4,375.48	0%
Workers' Compensation Fee	-	-	17.20	0%
•Payroll Allocation from Property	-	-	-	-
Total Staffing	17,466.41	2%	62,786.86	7%
Supplies	4,289.66	0%	9,070.90	1%
Transportation	8,536.47	1%	8,153.66	1%
Utilities	8,200.36	1%	8,548.92	1%
<b>TOTAL FOOD PANTRY EXPENSES</b>	<b>864,197.69</b>	<b>100%</b>	<b>950,196.09</b>	<b>100%</b>
<b>NET FOOD PANTRY</b>	<b>37,738.00</b>	<b>4%</b>	<b>69,306.03</b>	<b>7%</b>
Number of Meals that could be made from the food donated to the Pantry	611,382	100%	530,639	87%
Number of Meals that could be made from the food provided to Clients (includes Inventory adjustments and RRFB shared maintenance expenses)	626,151	100%	553,850	88%
Number of Volunteer Hours	2,170		11,041	509%
NOTE: Orange Box is incomplete Data.				
Number of Meals Provided per Volunteer Hour	289		50	17%
NOTE: Yellow Box calculations are based on incomplete 2022 data.				

**ATTACHMENT A (continued)**  
**Statement of Activities (concluded)**

<b>PROPERTY REPORTING</b>	<b>2022</b>		<b>Thru Nov-2023</b>	
<b>PROPERTY REVENUE:</b>		<b>% of Revenue</b>		<b>% of Revenue</b>
Suite Rental	33,238.32	21%	36,697.00	60%
Suite Electricity	4,576.51	3%	13,909.74	23%
Allocated:				
Designated	10,000.00	6%	-	-
MACI	109,712.99	69%	5,000.00	8%
Total Allocated	119,712.99	75%	5,000.00	8%
Interest	2,382.35	1%	5,370.14	9%
Loan Forgiveness	-	-	-	-
<b>TOTAL PROPERTY REVENUE</b>	<b>159,910.17</b>	<b>100%</b>	<b>60,976.88</b>	<b>100%</b>
<b>PROPERTY EXPENSES:</b>		<b>% of Expenses</b>		<b>% of Expenses</b>
Allocated:				
Designated	(4,543.96)	(3%)	-	-
MACI	128,456.95	81%	(22,556.82)	(53%)
Total Allocated	123,912.99	78%	(22,556.82)	(53%)
Depreciation	19,974.55	13%	31,276.91	73%
Fees:				
Filing	-	-	1,360.36	3%
Total Fees	-	-	1,360.36	3%
Insurance	4,329.32	3%	5,928.45	14%
Maintenance	2,990.18	2%	18,565.95	43%
Transportation	86.58	0%	-	-
Staffing:				
Gross	1,998.33	1%	1,547.95	4%
Sick Leave	66.77		51.57	
Taxes (Payroll)	152.88	0%	118.41	0%
Workers' Compensation Fee	-		8.60	
•Payroll Allocation to Pantry	-		-	
Total Staffing	2,217.98	1%	1,726.53	4%
Supplies	60.00	0%	494.00	1%
Taxes (Property & NMGR)	2,107.88	1%	2,527.97	6%
Utilities:				
Electricity	1,217.82	1%	2,162.74	5%
Septic	-	-	-	-
Solid Waste	1,410.29	1%	849.75	2%
Water	478.60	0%	458.32	1%
Total Utilities	3,106.71	2%	3,470.81	8%
<b>TOTAL PROPERTY EXPENSES</b>	<b>158,786.19</b>	<b>100%</b>	<b>42,794.16</b>	<b>100%</b>
<b>NET PROPERTY</b>	<b>1,123.98</b>	<b>1%</b>	<b>18,182.72</b>	<b>30%</b>
<b>NET EMFP</b>	<b>38,861.98</b>	<b>4%</b>	<b>87,488.75</b>	<b>8%</b>

240109

**ATTACHMENT A (continued)**



**EAST MOUNTAIN FOOD PANTRY  
2018-2023  
STATEMENT OF ACTIVITIES  
(CONSOLIDATED)**

	2022 TOTAL		2023 YTD Thru Nov-2023	
		% of Revenue		% of Revenue
<b>EMFP REVENUE:</b>				
Donations:				
Designated	19,056.35	2%	188,154.52	17%
General Fund	199,606.38	19%	109,447.91	10%
Governmental Grants	29,076.05	3%	124,812.81	12%
In-Kind-Client	656,640.68	62%	577,512.07	53%
In-Kind-Operations	-	-	125.00	0%
MACI	110,612.99	10%	5,000.00	0%
Total Donations	1,014,992.45	96%	1,005,052.31	93%
Interest	5,350.73	1%	19,392.27	2%
Loan Forgiveness	-	-	-	-
Processing Fees	124.05	0%	163.53	0%
Suite Rental	33,238.32	3%	36,697.00	3%
Suite Electricity	4,576.51	0%	13,909.74	1%
Other Income (UBI)	3,563.80	0%	5,264.15	0%
<b>TOTAL EMFP REVENUE</b>	<b>1,061,845.86</b>	<b>100%</b>	<b>1,080,479.00</b>	<b>100%</b>
<b>EMFP EXPENSES:</b>		% of Expenses		% of Expenses
Allocated:				
Designated	4,512.39	0%	181,799.32	18%
General	66,337.48	6%	23,190.28	2%
Inventory Adjustment	10,553.40	1%	-	-
MACI	129,356.95	13%	(22,556.82)	(2%)
Total Allocated	210,760.22	21%	182,432.78	18%
Advertising	4,845.07	0%	2,163.32	0%
Client Items:				
In-Kind	656,640.68	64%	577,512.07	58%
Inventory	(10,553.40)	(1%)	-	-
Purchased	69,199.01	7%	44,184.00	4%
Thanksgiving Baskets	-	-	-	-
Total Client Items	715,286.29	70%	621,696.07	63%
Depreciation	26,307.56	3%	44,110.36	4%
Fees:				
Auditing	-	-	7,811.88	1%
Banking	-	-	72.61	0%
Filing	136.00	0%	1,501.36	0%
Processing	124.05	0%	163.53	0%
Total Fees	260.05	0%	9,549.38	1%
Insurance	9,166.20	1%	11,686.03	1%
Maintenance	10,286.44	1%	24,572.66	2%
Transportation	8,623.05	1%	8,153.66	1%
Staffing				
Gross	17,758.82	2%	58,676.27	6%
Sick Leave	567.01	0%	1,317.43	0%
Taxes (Payroll)	1,358.56	0%	4,493.89	0%
Workers' Compensation Fee	-	-	25.80	0%
Total Staffing	19,684.39	2%	64,513.39	6%
Supplies	4,349.66	0%	9,564.90	1%
Taxes (Property & NMGR)	2,107.88	0%	2,527.97	0%
Utilities	11,307.07	1%	12,019.73	1%
<b>TOTAL EMFP EXPENSES</b>	<b>1,022,983.88</b>	<b>100%</b>	<b>992,990.25</b>	<b>100%</b>
<b>NET EMFP</b>	<b>38,861.98</b>	<b>4%</b>	<b>87,488.75</b>	<b>8%</b>

240109

ATTACHMENT A (continued)

**EAST MOUNTAIN FOOD PANTRY  
2018-2023**

**STATEMENT OF FINANCIAL POSITION**



**FOOD PANTRY ONLY**

NET WORTH	2022 TOTAL		2023 YTD Thru Nov-2023	
		YOY% & \$ chg		YOY% & \$ chg
<b>Assets</b>				
<b>Current Assets</b>				
<b>Cash and Bank Accounts</b>				
BUSH	†	-	181,663.03	
Cash		251,582.45	73,924.66	
Co-op		1,919.05	1,919.05	
Designated	§	8,000.00	89,783.16	
MACI	†	14,979.93	77,206.76	
<b>Total Cash and Bank Accounts</b>		<b>276,481.43</b>	<b>424,496.66</b>	<b>54% \$148,015</b>
Accounts Receivable		29,826.57	18,302.94	(39%) (\$11,524)
Inventory		42,915.80	40,455.80	(6%) (\$2,460)
Prepaid Expenses & Deposits		-	17,691.10	
<b>Total Current Assets</b>		<b>349,223.80</b>	<b>500,946.50</b>	<b>43% \$151,723</b>
<b>Fixed Assets</b>				
<b>Property and Equipment</b>				
Buildings		-	-	
Equipment		30,149.58	153,448.81	
Improvements		15,929.45	15,929.45	
<b>Total Property and Equipment</b>		<b>46,079.03</b>	<b>169,378.26</b>	<b>268% \$123,299</b>
(Accumulated Depreciation)		(21,832.40)	(34,665.85)	59% (\$12,833)
<b>Total Fixed Assets</b>		<b>24,246.63</b>	<b>134,712.41</b>	<b>456% \$110,466</b>
<b>Total Assets</b>		<b>373,470.43</b>	<b>635,658.91</b>	<b>70% \$262,188</b>
<b>Current Liabilities</b>				
Accounts Payable		2,200.38	3,067.06	
<b>Total Current Liabilities</b>		<b>2,200.38</b>	<b>3,067.06</b>	<b>39% \$867</b>
<b>Total Net Assets</b>		<b>371,270.05</b>	<b>632,591.85</b>	<b>70% \$261,322</b>
<b>Net Assets</b>				
Restricted Assets	§	8,000.00	89,783.16	>1000% \$81,783
Reserved Assets	†	14,979.93	258,869.79	>1000% \$243,890
Unrestricted Assets		348,290.12	283,938.90	(18%) (\$64,351)
<b>Total Net Assets</b>		<b>371,270.05</b>	<b>632,591.85</b>	<b>70% \$261,322</b>

Notes: §Donor Restricted; †Reserved Funds



**ATTACHMENT A (continued)**  
**Statement of Financial Position (concluded)**

PROPERTY ONLY	2022		Thru Nov-2023	
NET WORTH		YOY% & \$ chg		YOY% & \$ chg
<b>Assets</b>				
<b>Current Assets</b>				
<b>Cash and Bank Accounts</b>				
Cash	91,031.69		44,877.08	
Designated	\$ -		-	
MACI	† 29,788.50		63,746.44	
<b>Total Cash and Bank Accounts</b>	<b>120,820.19</b>	<b>0% \$196</b>	<b>108,623.52</b>	<b>(10%) (\$12,197)</b>
Accounts Receivable	(196.11)	∞ (\$196)	347.43	(277%) \$544
Prepaid Expenses & Deposits	13,428.00	(85%) (\$75,695)	53.00	(100%) (\$13,375)
<b>Total Current Assets</b>	<b>134,052.08</b>	<b>(36%) (\$75,695)</b>	<b>109,023.95</b>	<b>(19%) (\$25,028)</b>
<b>Fixed Assets</b>				
<b>Property and Equipment</b>				
Buildings	163,000.00		163,000.00	
Equipment	354.88		615.86	
Improvements	409,731.64		409,731.64	
Land	102,000.00		167,000.00	
<b>Total Property and Equipment</b>	<b>675,086.52</b>	<b>74% \$287,708</b>	<b>740,347.50</b>	<b>10% \$65,261</b>
(Accumulated Depreciation)	(51,604.35)	63% (\$19,975)	(82,881.26)	61% (\$31,277)
<b>Total Fixed Assets</b>	<b>623,482.17</b>	<b>75% \$267,733</b>	<b>657,466.24</b>	<b>5% \$33,984</b>
<b>Total Assets</b>	<b>757,534.25</b>	<b>34% \$192,038</b>	<b>766,490.19</b>	<b>1% \$8,956</b>
<b>Current Liabilities</b>				
Accounts Payable	1,611.44	53% \$557	368.02	(77%) (\$1,243)
Loan	-	0% \$0	-	0% \$0
Sick Leave Accrual	567.01	∞ \$567	1,816.64	220% \$1,250
Unearned Revenue & Deposits	4,100.00	95% \$2,000	4,450.00	9% \$350
<b>Total Current Liabilities</b>	<b>6,278.45</b>	<b>99% \$3,124</b>	<b>6,634.66</b>	<b>6% \$356</b>
<b>Total Net Assets</b>	<b>751,255.80</b>	<b>34% \$188,914</b>	<b>759,855.53</b>	<b>1% \$8,600</b>
<b>Net Assets</b>				
Restricted Assets	\$ -	(100%) (\$12,112)	-	0% \$0
Reserved Assets	† 29,788.50	(40%) (\$20,240)	63,746.44	114% \$33,958
Unrestricted Assets	721,467.30	44% \$221,266	696,109.09	(4%) (\$25,358)
<b>Total Net Assets</b>	<b>751,255.80</b>	<b>34% \$188,914</b>	<b>759,855.53</b>	<b>1% \$8,600</b>

Notes: \$Donor Restricted; †Reserved Funds

240109

ATTACHMENT A (continued)



**EAST MOUNTAIN FOOD PANTRY**  
**2018-2023**  
**STATEMENT OF FINANCIAL POSITION**  
**(CONSOLIDATED)**

	2022		2023	
	TOTAL	YOY% & \$ chg	YTD Thru Nov-2023	YOY% & \$ chg
<b>NET WORTH</b>				
<b>Assets</b>				
<b>Current Assets</b>				
<b>Cash and Bank Accounts</b>				
Checking	22,453.00		4,264.72	
Petty Cash	22.50		23.75	
Savings	3,005.38		11,012.94	
Vanguard	371,820.74		517,818.77	
<b>Total Cash and Bank Accounts</b>	<b>397,301.62</b>	<b>6% \$21,423</b>	<b>533,120.18</b>	<b>34% \$135,819</b>
Accounts Receivable	29,630.46	>1000% \$27,298	18,650.37	(37%) (\$10,980)
Inventory	42,915.80	44% \$13,013	40,455.80	(6%) (\$2,460)
Prepaid Expenses & Deposits	13,428.00	(85%) (\$75,695)	17,744.10	32% \$4,316
<b>Total Current Assets</b>	<b>483,275.88</b>	<b>(3%) (\$13,961)</b>	<b>609,970.45</b>	<b>26% \$126,695</b>
<b>Fixed Assets</b>				
<b>Property and Equipment</b>				
Buildings	163,000.00	0% \$0	163,000.00	0% \$0
Equipment	30,504.46	14% \$3,659	154,064.67	405% \$123,560
Improvements	425,661.09	208% \$287,569	425,661.09	0% \$0
Land	102,000.00	0% \$0	167,000.00	64% \$65,000
<b>Total Property and Equipment</b>	<b>721,165.55</b>	<b>68% \$291,228</b>	<b>909,725.76</b>	<b>26% \$188,560</b>
(Accumulated Depreciation)	(73,436.75)	56% (\$26,308)	(117,547.11)	60% (\$44,110)
<b>Total Fixed Assets</b>	<b>647,728.80</b>	<b>69% \$264,920</b>	<b>792,178.65</b>	<b>22% \$144,450</b>
<b>Total Assets</b>	<b>1,131,004.68</b>	<b>29% \$250,959</b>	<b>1,402,149.10</b>	<b>24% \$271,144</b>
<b>Current Liabilities</b>				
Accounts Payable	3,811.82	(24%) (\$1,230)	3,435.08	(10%) (\$377)
Loan	-	0% \$0	-	0% \$0
Sick Leave Accrual	567.01	∞ \$567	1,816.64	220% \$1,250
Unearned Revenue & Deposits	4,100.00	95% \$2,000	4,450.00	9% \$350
<b>Total Current Liabilities</b>	<b>8,478.83</b>	<b>19% \$1,337</b>	<b>9,701.72</b>	<b>14% \$1,223</b>
<b>Total Net Assets</b>	<b>1,122,525.85</b>	<b>29% \$249,622</b>	<b>1,392,447.38</b>	<b>24% \$269,922</b>
<b>Net Assets</b>				
Restricted Assets §	8,000.00	(34%) (\$4,112)	89,783.16	>1000% \$81,783
Reserved Assets †	44,768.43	(27%) (\$16,527)	322,616.23	621% \$277,848
Unrestricted Assets	1,069,757.42	34% \$270,261	980,047.99	(8%) (\$89,709)
<b>Total Net Assets</b>	<b>1,122,525.85</b>	<b>29% \$249,622</b>	<b>1,392,447.38</b>	<b>24% \$269,922</b>

Notes: §Donor Restricted; †Reserved Funds

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ATTACHMENT A (continued)

**EAST MOUNTAIN FOOD PANTRY**  
**2018-2023**  
**STATEMENT OF ALLOCATED POOLS**



POOLS	2022 TOTAL		2023 YTD Thru Nov-2023	
		YOY% & \$ chg		YOY% & \$ chg
<b>Pantry</b>				
Accounts Payable	2,200.38	(45%) (\$1,787)	3,067.06	39% \$867
BUSH †	-	0% \$0	181,663.03	∞ \$181,663
BUSH-Allocated	-	0% \$0	45,836.97	∞ \$45,837
Co-op	1,919.05	122% \$1,056	1,919.05	0% \$0
Designated §	8,000.00	∞ \$8,000	89,783.16	>1000% \$81,783
Designated-Allocated	-	0% \$0	-	0% \$0
Inventory	42,915.80	44% \$13,013	40,455.80	(6%) (\$2,460)
MACI †	14,979.93	33% \$3,713	77,206.76	415% \$62,227
MACI-Allocated	-	0% \$0	-	0% \$0
Operating Cash	279,208.64	16% \$37,738	61,014.67	(78%) (\$218,194)
<b>Total Pantry Pools</b>	<b>349,223.80</b>	<b>21% \$61,734</b>	<b>500,946.50</b>	<b>43% \$151,723</b>
<b>Property</b>				
Accounts Payable	1,611.44	53% \$557	368.02	(77%) (\$1,243)
Designated §	-	(100%) (\$12,112)	-	0% \$0
Designated-Allocated	-	(100%) (\$122,995)	-	0% \$0
Loan	-	0% \$0	-	0% \$0
MACI †	29,788.50	(40%) (\$20,240)	63,746.44	114% \$33,958
MACI-Allocated	77,525.00	>1000% \$75,404	-	(100%) (\$77,525)
Operating Cash	20,460.13	6% \$1,124	38,642.85	89% \$18,183
Sick Leave Accrual	567.01	∞ \$567	1,816.64	220% \$1,250
Unearned Revenue & Deposits	4,100.00	95% \$2,000	4,450.00	9% \$350
<b>Total Property Pools</b>	<b>134,052.08</b>	<b>(36%) (\$75,695)</b>	<b>109,023.95</b>	<b>(19%) (\$25,028)</b>
<b>TOTAL POOLS</b>	<b>483,275.88</b>	<b>(3%) (\$13,961)</b>	<b>609,970.45</b>	<b>26% \$126,695</b>

Notes: §Donor Restricted; †Reserved Funds

**ATTACHMENT A (continued)**



**EAST MOUNTAIN FOOD PANTRY  
2018-2023  
TRIAL BALANCE**

**FOOD PANTRY ONLY**

	2022 TOTAL		2023 YTD Thru Nov-2023	
	Debit	Credit	Debit	Credit
<b>TRIAL BALANCE</b>				
Cash	21,226.32		148,015.23	
Accounts Receivable	27,494.57		(11,523.63)	
Prepaid Expenses & Deposits	-		17,691.10	
Equipment & Property	(2,813.15)		110,465.78	
Inventory	13,013.40		(2,460.00)	
Accounts Payable		(1,786.61)		866.68
MACI (xfer from Pantry to Property)	63,877.48		12,973.83	
Income		901,935.69		1,019,502.12
Expenses (minus Allocations)	777,350.46		745,206.49	
<b>PANTRY TOTAL</b>	<b>900,149.08</b>	<b>900,149.08</b>	<b>1,020,368.80</b>	<b>1,020,368.80</b>
	<b>Balanced</b>		<b>Balanced</b>	

**PROPERTY ONLY**

	2022		Thru Nov-2023	
	Debit	Credit	Debit	Credit
<b>TRIAL BALANCE</b>				
Cash	196.39		(12,196.67)	
Accounts Receivable	(196.11)		543.54	
Prepaid Expenses & Deposits	(75,695.35)		(13,375.00)	
Equipment & Property	267,733.29		33,984.07	
Loan		-		-
Accounts Payable		556.76		(1,243.42)
Sick Leave Accrual		567.01		1,249.63
Unearned Revenue & Deposits		2,000.00		350.00
MACI (xfer to Property from Pantry)	(63,877.48)		(12,973.83)	
Income		159,910.17		60,976.88
Expenses minus Allocations	34,873.20		65,350.98	
<b>PROPERTY TOTAL</b>	<b>163,033.94</b>	<b>163,033.94</b>	<b>61,333.09</b>	<b>61,333.09</b>
	<b>Balanced</b>		<b>Balanced</b>	

**CONSOLIDATED**

	2022		Thru Nov-2023	
	Debit	Credit	Debit	Credit
<b>TRIAL BALANCE</b>				
Cash	21,422.71		135,818.56	
Accounts Receivable	27,298.46		(10,980.09)	
Prepaid Expenses & Deposits	(75,695.35)		4,316.10	
Equipment & Property	264,920.14		144,449.85	
Inventory	13,013.40		(2,460.00)	
Loan		-		-
Accounts Payable		(1,229.85)		(376.74)
Sick Leave Accrual		567.01		1,249.63
Unearned Revenue & Deposits		2,000.00		350.00
ICWA	-		-	
Income		1,061,845.86		1,080,479.00
Expenses minus Allocations	812,223.66		810,557.47	
<b>Total</b>	<b>1,063,183.02</b>	<b>1,063,183.02</b>	<b>1,081,701.89</b>	<b>1,081,701.89</b>
	<b>Balanced</b>		<b>Balanced</b>	

ATTACHMENT A (continued)

287,500.00



**EAST MOUNTAIN FOOD PANTRY  
2018-2023  
STATEMENT OF EQUITY**

	2022 TOTAL		2023 YTD Thru Nov-2023	
		YOY% & \$ chg		YOY% & \$ chg
Equity = Total Assets - Payables - Loans - Sick Leave Accrual - Unearned Revenue & Deposits	1,122,525.85	29% \$249,622	1,392,447.38	24% \$269,922
Net Period Profit = Total Income - Total Expenses + Allocated (Expenses)	249,622.20	(2%) (\$6,012)	269,921.53	8% \$20,299
Cumulative Profit = Previous Period Cumulative Profit + Net Period Profit	1,122,525.85	29% \$249,622	1,392,447.38	24% \$269,922

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Equity = Cumulative Profit?

Checks

Checks

Current Pantry-Operating =

Checks

Checks

Previous Pantry-Operating + Net Pantry?

Current Property-Operating =

Checks

Checks

Previous Property-Operating +

Net Property?

# ATTACHMENT A (continued)



## EAST MOUNTAIN FOOD PANTRY 2018-2023 STATEMENT OF CASH FLOWS

	2022		2023	
	TOTAL		YTD Thru Nov-2023	
BEGINNING CASH ON HAND	375,878.91		397,301.62	
<b>REVENUE:</b>		% of Revenue		% of Revenue
<b>Revenue from Pantry:</b>				
Designated	9,056.35	2%	188,154.52	37%
General Fund Donations	199,606.38	49%	109,447.91	22%
Government Grants	29,076.05	7%	124,812.81	25%
MACI	900.00	0%	-	-
Processing Fees	124.05	0%	163.53	0%
<b>TOTAL Revenue from Pantry</b>	<b>238,762.83</b>	<b>59%</b>	<b>422,578.77</b>	<b>84%</b>
<b>Revenue from Property:</b>				
Designated	10,000.00	2%	-	-
MACI	109,712.99	27%	5,000.00	1%
Suite Rental	33,238.32	8%	36,697.00	7%
Suite Electricity	4,576.51	1%	13,909.74	3%
<b>TOTAL Revenue from Property</b>	<b>157,527.82</b>	<b>39%</b>	<b>55,606.74</b>	<b>11%</b>
<b>Revenue from other sources:</b>				
Interest	5,350.73	1%	19,392.27	4%
Other Revenue (UBI)	3,563.80	1%	5,264.15	1%
<b>TOTAL Revenue from other sources</b>	<b>8,914.53</b>	<b>2%</b>	<b>24,656.42</b>	<b>5%</b>
<b>TOTAL REVENUE</b>	<b>405,205.18</b>	<b>100%</b>	<b>502,841.93</b>	<b>100%</b>
<b>DISBURSEMENTS:</b>		% of Disbursements		% of Disbursements
<b>Disbursements for Operations:</b>				
<b>Program Related:</b>				
Client Items	69,199.01	18%	44,184.00	12%
General Allocations (net ICWAs)	2,460.00	1%	(2,460.00)	(1)%
Thanksgiving Baskets	-	-	-	-
<b>TOTAL Program Related</b>	<b>71,659.01</b>	<b>19%</b>	<b>41,724.00</b>	<b>11%</b>
<b>Occupancy:</b>				
Maintenance, repair	10,286.44	3%	24,572.66	7%
In-kind Maintenance (credit)	-	-	(125.00)	(0)%
Taxes (Property & NMGR)	2,107.88	1%	2,527.97	1%
Utilities	11,307.07	3%	12,019.73	3%
<b>TOTAL Occupancy</b>	<b>23,701.39</b>	<b>6%</b>	<b>38,995.36</b>	<b>11%</b>
<b>Services:</b>				
Auditing	-	-	7,811.88	2%
Banking	-	-	72.61	0%
Filing	136.00	0%	1,501.36	0%
Processing	124.05	0%	163.53	0%
<b>TOTAL Services</b>	<b>260.05</b>	<b>0%</b>	<b>9,549.38</b>	<b>3%</b>
<b>Staffing:</b>				
Gross	17,758.82	5%	58,676.27	16%
Sick Leave	567.01	0%	1,317.43	0%
Taxes (Payroll)	1,358.56	0%	4,493.89	1%
Workers' Compensation Insurance	-	-	25.80	0%
<b>TOTAL Staffing</b>	<b>19,684.39</b>	<b>5%</b>	<b>64,513.39</b>	<b>18%</b>
<b>Other Operating:</b>				
Insurance	9,166.20	2%	11,686.03	3%
Printing and Advertising	4,845.07	1%	2,163.32	1%
In-Kind Printing and Ad exp (credit)	-	-	-	-
Supplies	4,349.66	1%	9,564.90	3%
In-Kind Supplies (credit)	-	-	-	-
Transportation	8,623.05	2%	8,153.66	2%
<b>TOTAL Other Operating</b>	<b>26,983.98</b>	<b>7%</b>	<b>31,567.91</b>	<b>9%</b>
<b>TOTAL Disbursements for Operations</b>	<b>142,288.82</b>	<b>37%</b>	<b>186,350.04</b>	<b>51%</b>
<b>DISBURSEMENTS for Financing:</b>				
Accounts Payable	1,229.85	0%	376.74	0%
Accounts Receivable	27,298.46	7%	(10,980.09)	(3)%
Loan	-	-	-	-
Prepaid Expenses & Deposits	(75,695.35)	(20)%	4,316.10	1%
Sick Leave Accrual	(567.01)	(0)%	(1,249.63)	(0)%
Unearned Revenue & Deposits	(2,000.00)	(1)%	(350.00)	(0)%
<b>TOTAL DISBURSEMENTS for Financing</b>	<b>(49,734.05)</b>	<b>(13)%</b>	<b>(7,886.88)</b>	<b>(2)%</b>
<b>DISBURSEMENTS for Capital Expenses:</b>				
Buildings	-	-	-	-
Equipment	3,658.86	1%	123,560.21	34%
Improvements	287,568.84	75%	-	-
Land	-	-	65,000.00	18%
<b>TOTAL DISBURSEMENTS for CapEx</b>	<b>291,227.70</b>	<b>76%</b>	<b>188,560.21</b>	<b>51%</b>
<b>TOTAL DISBURSEMENTS</b>	<b>383,782.47</b>	<b>100%</b>	<b>367,023.37</b>	<b>100%</b>
<b>NET CASH FOR THE PERIOD</b>	<b>21,422.71</b>	<b>14%</b>	<b>135,818.56</b>	<b>634%</b>
<b>ENDING CASH ON HAND</b>	<b>397,301.62</b>	<b>106%</b>	<b>533,120.18</b>	<b>134%</b>
<b>CASH FLOW TREND</b>	<b>Up 5.7%</b>		<b>Up 34.2%</b>	
	<b>For 2022</b>		<b>Thru Nov-2023</b>	

LEGEND:  
 CASH  
 Headings Only No Data  
 Calculations  
 Date Entry

ATTACHMENT A (concluded)

**EAST MOUNTAIN FOOD PANTRY**  
**2018-2023**  
**NOT-FOR-PROFIT RATIOS**  
**(PANTRY ONLY)**



	2022 TOTAL		2023 YTD Thru Nov-2023	
<b>Liquidity Ratios</b>				
Days Cash on Hand	215 days	^ better	270 days	^ better
Months of Spending	7 months	^ better	9 months	^ better
<b>Operating Ratios</b>				
Savings Indicator	16.0%	%	36.8%	%
Contributions and Grants	26.5%	v better	41.4%	v better
Fundraising Efficiency	\$43.25	^ better	\$137.57	^ better
<b>Spending Ratios</b>				
Program Service	82.8%	^ better	65.4%	^ better
Management and General	17.2%	v better	34.6%	v better
Fundraising Efficiency	0.6%	v better	0.2%	v better

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**ATTACHMENT B**  
**EMFP FY 2022 Independent Audit**

**EAST MOUNTAIN FOOD PANTRY, INC.**  
**Independent Auditor's Report,**  
**Consolidated Financial Statements,**  
**and Supplemental Information**  
**For the Year Ended December 31, 2022**



## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY TABLE OF CONTENTS

<b>Introductory Section</b>	
Official Roster.....	1
<b>Independent Auditor's Report</b> .....	2
<b>Consolidated Financial Statements:</b>	
Consolidated Statement of Financial Position .....	4
Consolidated Statement of Activities .....	5
Consolidated Statement of Functional Expenses .....	6
Consolidated Statement of Cash Flows.....	7
<b>Notes to Financial Statements</b> .....	8
<b>Supplementary Information</b>	
Consolidating Statements of Financial Position .....	16
Consolidating Statements of Activities .....	17

## **ATTACHMENT B (continued)**

### **EAST MOUNTAIN FOOD PANTRY OFFICIAL ROSTER FOR THE YEAR ENDED DECEMBER 31, 2022**

#### **Board of Directors**

William (Bill) Butler  
Dorlaska Cammack  
Amy Clements  
Cindy Hunt  
Sammie Hutchinson  
Thomas (Kyle) Campbell, III  
David Smith

#### **Corporate Officers**

David Smith, President  
Sammie Hutchinson, Secretary  
Cheryl Smith, Treasurer

#### **Pantry Manager**

Dorlaska Cammack

## ATTACHMENT B (continued)



Lee A. Baldwin, CPA, CFE, CGFM  
Accounting Director  
*Your Trusted Advisor*

### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of,  
East Mountain Food Pantry, Inc.  
Tijeras, New Mexico

#### **Opinion**

We have audited the accompanying financial statements of East Mountain Food Pantry, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2022, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of East Mountain Food Pantry, Inc. as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of East Mountain Food Pantry, Inc., and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about East Mountain Food Pantry's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate,

## ATTACHMENT B (continued)

they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of East Mountain Food Pantry's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about East Mountain Food Pantry's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Baldwin Accounting & Consulting, LLC*

Baldwin Accounting & Consulting, LLC

May 15, 2023

Albuquerque, NM

## ATTACHMENT B (continued)

**EAST MOUNTAIN FOOD PANTRY, INC.  
CONSOLIDATED STATEMENT OF FINANCIAL POSITION  
DECEMBER 31, 2022**

<u>Assets</u>	
<b>Current Assets:</b>	
Cash & Cash Equivalents	\$ 397,302
Accounts Receivables	29,630
Prepaid Expenses & Deposit	13,428
Inventory	42,916
<b>Total Current Assets</b>	<u>483,276</u>
<b>Non Current Assets:</b>	
Property and Equipment	721,166
Less Accumulated Depreciation	<u>(73,437)</u>
<b>Total Non Current Assets</b>	<u>647,729</u>
<b>TOTAL ASSETS</b>	<u><u>1,131,005</u></u>
<u>Liabilities &amp; Net Assets</u>	
<b>Current Liabilities:</b>	
Payments Due	3,812
Accrued Payroll	567
Unearned Revenue	4,100
Foregiveable Loan	-
<b>Total Current Liabilities</b>	<u>8,479</u>
<b>Total Liabilities</b>	<u>8,479</u>
<b>Net Assets:</b>	
Net Assets With Donor Restrictions	8,000
Net Assets Without Donor Restrictions	<u>1,114,527</u>
<b>Total Net Assets</b>	<u>1,122,526</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 1,131,005</u></u>

*See Notes to Consolidated Financial Statements*

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2022

	Without Donor Restrictions	With Donor Restrictions	Totals
<b>Support &amp; Revenues:</b>			
General Revenues	\$ 310,219	-	310,219
Grant Revenues	29,076	-	29,076
Third Party Fees	124	-	124
Gift Cards	-	-	-
In-Kind Revenue	656,641	-	656,641
Restricted Revenue	-	19,056	19,056
Rental Income	37,815	-	37,815
Loan Forgiveness	-	-	-
Interest Income	5,351	-	5,351
Other income	3,564	-	3,564
<b>Total Support and Revenue</b>	1,042,790	19,056	1,061,846
<b>Net Assets Released from Restrictions</b>	146,163	(146,163)	-
<b>Total Support and Revenue &amp; Reclassifications</b>	1,188,953	(127,107)	1,061,846
<b>Operating Expenses:</b>			
Program Services	812,223	-	812,223
Management and General	-	-	-
<b>Total Operating Expenses</b>	812,223	-	812,223
Change in Net Assets	376,730	(127,107)	249,623
Net Assets, Beginning of Year	737,797	135,107	872,904
Net Assets, End of Year	\$ 1,114,527	8,000	1,122,526

*See Notes to Consolidated Financial Statements*

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY CONSOLIDATED STATEMENT FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2022

	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Salaries & Wages	\$ 19,684	-	19,684
Allocated	-	-	-
Advertising	4,845	-	4,845
Breakroom Refreshments & Meetings	-	-	-
Client Items	715,286	-	715,286
Education Materials	-	-	-
Filing Fees	260	-	260
Financial Fees	-	-	-
Insurance	9,166	-	9,166
Maintain	10,286	-	10,286
Mileage	8,623	-	8,623
Office Supply	4,350	-	4,350
Utilities	11,307	-	11,307
Property Taxes	2,108	-	2,108
Depreciation Expense	26,308	-	26,308
Total Expenses	\$ <u>812,223</u>	<u>-</u>	<u>812,223</u>

*See Notes to Consolidated Financial Statements*

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2022

<b><u>Cash Flows From Operating Activities:</u></b>	
Change in Net Assets	\$ 249,623
Adjustment to Reconcile Change in Net Assets to Net Cash Provided by (Used In)	
Operating Activities:	
Depreciation Expense	26,308
<i>Increase (Decrease) in Assets:</i>	
Accounts Receivable	(27,298)
Other Receivables	-
Prepaid Expenses & Deposits	75,695
Inventory	(13,013)
<i>(Increase) Decrease in Liabilities:</i>	
Accounts Payable	-
Accrued Payroll	567
Payments Due	(1,230)
Unearned Revenue	2,000
Net Cash Provided by (Used In) Operating Activities	<u>312,652</u>
<b><u>Cash Flows From Investing Activities:</u></b>	
Purchase Property and Equipment	<u>(291,228)</u>
Net Cash Provided by (Used In) Investing Activities	<u>(291,228)</u>
<b><u>Cash Flows From Financing Activities:</u></b>	
Forgivable Loan	<u>-</u>
Net Cash Provided by (Used In) Financing Activities	<u>-</u>
<b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>	21,423
<b>Cash &amp; Cash Equivalents, Beginning of Year</b>	<u>375,879</u>
<b>Cash &amp; Cash Equivalents, End of Year</b>	<u>\$ 397,302</u>

See Notes to Consolidated Financial Statements



## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022

#### NOTE A - ORGANIZATION

East Mountain Food Pantry is a non-profit organization originally incorporated on May 25, 2018. The Organization's purpose is to serve as a community resource providing life sustaining food for families in our community who are struggling to feed themselves. Clients self-qualify based on monthly income and number of household members.

##### Principles of Consolidation

The consolidated financial statements include the accounts of the Pantry and Property of East Mountain Food Pantry. All interorganizational transactions have been eliminated in consolidation.

#### NOTE B - SIGNIFICANT ACCOUNTING POLICIES

A summary of the Organization's significant accounting policies consistently applied in the preparation of the accompanying financial statements are as follows:

##### Basis of Accounting

The Organization utilized the accrual basis of accounting, whereby income is recognized as earned and expenses are recognized as obligations are incurred.

Net assets, revenues and expenses, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

##### Classification of Net Assets

Net assets of the Organization are classified based on the presence or absence of donor-imposed restrictions. Net assets are comprised of two groups as follows:

Net Assets Without Donor Restrictions - Amounts that are not subject to usage restrictions based on donor-imposed requirements. This class also includes assets previously restricted where restrictions have expired or been met.

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022

#### NOTE B - SIGNIFICANT ACCOUNTING POLICIES (continued)

Net Assets With Donor Restrictions - Assets subject to usage limitations based on donor-imposed or grantor restrictions. These restrictions may be temporary or may be based on a particular use. Restrictions may be met, by the passage of time or by actions of the Organization. Certain restrictions may need to be maintained in perpetuity.

Earnings related to restricted net assets will be included in net assets without donor restrictions unless otherwise specifically required to be included in donor restricted net assets by the donor or by applicable state law.

#### Cash and Cash Equivalents

The Organization considers all cash accounts and other short-term highly liquid investments to be cash equivalents.

#### Cash and Other Deposits

The Organization maintains its cash in financial institutions insured by the Federal Deposit Insurance Organization (FDIC). Deposit accounts, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

#### Use of Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses.

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022

#### NOTE B - SIGNIFICANT ACCOUNTING POLICIES (continued)

##### Property and Equipment

Property and equipment are stated at cost. The Organization capitalizes all acquisitions at cost in excess of \$500 with a useful life of more than one year. Depreciation, is computed principally using the straight-line method over the estimated useful lives of individual assets.

The major classifications of property and equipment and the related depreciable lived are as follows:

Description	Estimated Useful Life
Furniture	7 Years
Capital Equipment	5 Years
Computer Equipment	3 Years
Buildings	25 Years
Improvements	15 Years
Land	

##### Impairment of Long-Lived Assets

The Organization accounts for long-lived assets in accordance with the provisions of FASB ASC 360-10 and subsections. ASC 360-10 requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or the fair value less costs to sell. Management does not believe impairment indicators are present as of December 31, 2022.

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022

#### NOTE B - SIGNIFICANT ACCOUNTING POLICIES (continued)

##### Income Taxes

The Organization is exempt from income taxes described in 501(c)(3) of the Internal Revenue Code. As a result, there is no provision for federal income taxes in these financial statements and no federal income taxes were paid. Management believes that the Organization has adequately addressed all relevant tax positions, and there are no unrecorded tax liabilities. Generally, the Organization's tax returns remain open for three years for federal income tax examination.

##### In-Kind Contributions

In-kind contributions are reflected as contributions at fair value at the date of donation and are reported as unrestricted support unless specific donor stipulations specify how donated assets must be used. All donated services recognized created a non-financial asset or required specialized skills that would have been purchased if not donated. The Organization received donated food from the public for individuals in need of food. The value of donated items totaled \$656,641 for the year ended December 31, 2022.

##### Donated Property and Equipment

Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specified purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, The Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies restricted net assets to unrestricted net assets at that time.

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022

#### NOTE B - SIGNIFICANT ACCOUNTING POLICIES *(continued)*

##### Allowance for Doubtful Accounts

The Organization uses the allowance, method to account for uncollectible account receivables. The Organization provides an allowance for uncollectible accounts equal to the estimated uncollectible portion of patient receivable. Management's estimate is based on historical experience and its evaluation of the current status of accounts receivable. All receivables outstanding as of December 31, 2022 were deemed collectible, therefore no allowance was necessary.

##### Functional Allocation of Expenses

Expenditures incurred in connection with Organization operations have been summarized on a functional basis in the Statements of Functional Expenses.

##### Entities Inter-organizational Expenses and Revenues

There were no interorganizational accounts and transactions that need to be eliminated in consolidation.

##### Advertising Costs

Advertising and promotion costs are expensed as incurred. Advertising costs are incurred at the Organization primarily for the request of donated items. For the year ended December 31, 2022, advertising expenses for the Organization were \$4,845.

##### Revenue Recognition

In accordance with accounting principles generally accepted in the United States of America, revenue is recorded when earned rather than received.

The following summarizes the revenue recognition policies for major classifications of revenue:

- Contributions are reported when an unconditional promise to give or other asset is received (in accordance with ASC 958-605). Gifts of securities are recorded at their fair market value when received. Donor-imposed restrictions spent in the same year as contributed are included as unrestricted revenue.

## **ATTACHMENT B (continued)**

### **EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022**

#### **NOTE C - ADOPTION OF ACCOUNTING PRONOUNCEMENT**

FASB has issued ASU No. 2016-02, Leases (Topic 842). The amendments in this update were issued to increase the transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. The main difference between previous GAAP and Topic 842 is the recognition of lease assets and lease liabilities for those leases classified as operating leases under previous GAAP. The amendments in this update are effective for fiscal years beginning after December 15, 2021. Early adoption is permitted; however, the Organization has adopted.

#### **NOTE D - LIQUIDITY**

At December 31, 2022, the Organization has \$397,302 cash and equivalents available to meet needs for general expenditures. None of the financial assets are subject to donor or other contractual restrictions. Accordingly, all such funds are available to meet the cash needs of the Organization in the next 12 months.

The Organization manages its liquidity by receiving program revenues prior to incurring the expenditures. Cash needs of the Organization are expected to be met on a monthly basis from the program income which is derived from grant revenues, and financial contributions, and rental income. In general, the Organization maintains sufficient financial assets on hand to meet 30 days' worth of normal operating expenses.

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2022

#### NOTE E - CASH, RESTRICTED CASH, AND CASH EQUIVALENTS

The Organization's cash balances and reserves on the Consolidated Statement of Financial Position consists of the following at December 31, 2022:

	<u>Pantry</u>	<u>Property</u>	<u>Total</u>
Checking	261,501	91,032	352,533
Savings	14,980	29,789	44,769
Total	<u>276,481</u>	<u>120,821</u>	<u>397,302</u>

At December 31, 2022, the FDIC insures bank balances up to **\$250,000**, per institution.

#### NOTE F - PROPERTY, EQUIPMENT, AND DEPRECIATION

Property and equipment for the Organization at December 31, 2022, summarized as follows:

	<u>12/31/2022</u>
Land	\$ 102,000
Buildings	163,000
Improvements	425,661
Furniture & Fixtures	30,505
Total Fixed Assets:	<u>721,166</u>
Less: Accumulated Depreciation	<u>(73,437)</u>
Fixed Assets, Net	<u>\$ 647,729</u>

Depreciation/amortization expense at December 31, 2022 was \$26,308.

**ATTACHMENT B (continued)**

**EAST MOUNTAIN FOOD PANTRY  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

**NOTE G - SUBSEQUENT EVENTS**

The Organization has evaluated subsequent events through May 15, 2023 which is the date the financial statements were available to be issued.



**ATTACHMENT B (continued)**

**Supplementary Information**

## ATTACHMENT B (continued)

### EAST MOUNTAIN FOOD PANTRY CONSOLIDATING STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2022

	<u>Pantry</u>	<u>Property</u>	<u>Eliminations</u>	<u>Total</u>
<b>ASSETS:</b>				
<b>Current Assets:</b>				
Cash & Cash Equivalents	276,481	120,820	-	397,301
Accounts Receivable	29,827	(196)	-	29,630
Inventory	42,916	-	-	42,916
Other Receivables	-	13,428	-	13,428
<b>Total Current Assets</b>	<u>349,224</u>	<u>134,052</u>	<u>-</u>	<u>483,276</u>
<b>Non Current Assets:</b>				
Property and Equipment	46,079	675,087	-	721,166
Less Accumulated Depreciation	(21,832)	(51,604)	-	(73,437)
<b>Total Non Current Assets</b>	<u>24,247</u>	<u>623,482</u>	<u>-</u>	<u>647,729</u>
<b>TOTAL ASSETS</b>	<u>373,471</u>	<u>757,534</u>	<u>-</u>	<u>1,131,005</u>
<b>LIABILITIES AND NET ASSETS:</b>				
<b>Current Liabilities:</b>				
Payments Due	2,200	1,611	-	3,812
Accrued Payroll	-	567	-	567
Foregiveable Loan	-	-	-	-
Unearned Revenue	-	4,100	-	4,100
<b>Total Current Liabilities</b>	<u>2,200</u>	<u>6,278</u>	<u>-</u>	<u>8,479</u>
<b>Total Liabilities</b>	<u>2,200</u>	<u>6,278</u>	<u>-</u>	<u>8,479</u>
<b>Net Assets:</b>				
Net Assets With Donor Restrictions	8,000	-	-	8,000
Net Assets Without Donor Restrictions	339,024	127,774	-	466,797
Investment in Fixed Assets, Net of Depreciation and Related Debt	24,247	623,482	-	647,729
<b>Total Net Assets</b>	<u>371,271</u>	<u>751,256</u>	<u>-</u>	<u>1,122,526</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>373,471</u>	<u>757,534</u>	<u>-</u>	<u>1,131,005</u>

*See Notes to Consolidated Financial Statements*

## ATTACHMENT B (concluded)

### EAST MOUNTAIN FOOD PANTRY CONSOLIDATING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2022

	<b>Pantry</b>	<b>Property</b>	<b>Elimination</b>	<b>Total</b>
Support & Revenues:	\$			
General Revenues	200,506	109,713	-	310,219
Grant Revenues	29,076	-	-	29,076
Third Party Fees	124	-	-	124
Gift Cards	-	-	-	-
In-Kind Revenue	656,641	-	-	656,641
Restricted Revenue	9,056	10,000	-	19,056
Rental Income	-	37,815	-	37,815
Loan Forgiveness	-	-	-	-
Interest Income	2,968	2,382	-	5,350
Other income	3,564	-	-	3,564
Total Support and Revenues	901,936	159,910	-	1,061,844
Expenses:				
Program Services	841,228	(29,004)	-	812,224
Management and General	-	-	-	-
Total Expenses:	841,228	(29,004)	-	812,224
Change in Net Assets	60,708	188,914	-	249,620
Net Assets, beginning of year	310,563	562,342	-	872,904
Net Assets, End of Year	371,271	751,256	-	1,122,524

*See Notes to Consolidated Financial Statements*

# ATTACHMENT C

## EMFP FY 2022 IRS 990 Tax Return

**\*\* Electronically signed at the Form 990 Online Website (efile.form990.org) \*\***

Form <b>8453-TE</b>	<b>Tax Exempt Entity Declaration and Signature for Electronic Filing</b>	OMB No. 1545-0047
For calendar year 2022, or tax year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		2022
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to <a href="http://www.irs.gov/Form8453TE">www.irs.gov/Form8453TE</a> for the latest information.		
Department of the Treasury Internal Revenue Service		
Name of filer <b>EAST MOUNTAIN FOOD PANTRY INC</b>		EIN or SSN <b>83-0687334</b>

### Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>1,026,973</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	<b>3b</b>	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b>	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	<b>5b</b>	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

### Part II Declaration of Officer or Person Subject to Tax

- 11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign David Smith May 19, 2023 David Smith, President  
 Here Signature of officer or person subject to tax Date Title, if applicable

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

**ATTACHMENT C (continued)**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2022 calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **EAST MOUNTAIN FOOD PANTRY INC**  
 Doing business as **EMFP**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1342 NM 333 Suite B**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Tijeras, NM 87059-7351**

**D** Employer identification number  
**83-0687334**

**E** Telephone number  
**505-926-1779**

**F** Name and address of principal officer: **David M Smith**  
**1342 NM 333, Suite B, Tijeras, NM 87059-7351**

**G** Gross receipts \$ **1,061,846**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **EastMountainFoodPantry.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2018**

**M** State of legal domicile: **NM**

**H(c)** Group exemption number

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>We serve as a community resource providing life sustaining food for families in our community who are struggling to feed themselves. Clients self-qualify based on monthly income and number of household members. We do not discriminate based on any social markers.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>210</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>990,394</b>	<b>1,021,649</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>772</b>	<b>2,382</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,632</b>	<b>2,942</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>998,798</b>	<b>1,026,973</b>
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>9,568</b>	<b>17,467</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	<b>0</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>733,596</b>	<b>759,884</b>
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>743,164</b>	<b>777,351</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>255,634</b>	<b>249,622</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>880,045</b>	<b>1,131,005</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>7,141</b>	<b>8,479</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>872,904</b>	<b>1,122,526</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **David Smith, President** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

## ATTACHMENT C (continued)

**Part III** Statement of Program 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:  
The Pantry serves as a resource providing life sustaining food for households who are struggling to make ends meet and feed themselves. Clients self-qualify for our help based on monthly income and number of household members. One food box is provided monthly. When needed, an emergency box may also be provided to sustain them until the following month. Each week, clients can pick up as much produce as they can use. Our clients come from many different ethnic backgrounds.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 777,351 including grants of \$ 0) (Revenue \$ 5,324)  
Food and Services to Qualified Needy Families: Served: 7,574 total Family Services provided in 2022, increase of 10% from previous year; 6,488 Adults age 60 & over, increase of 9% from previous year; 9,975 Adults ages 18-59, increase of 14% from previous year; 6,065 Children, increase of 16% from previous year; 409 New families served this year, increase of 31% from previous year; Provided enough food to make 626,151 meals. Expenses shown above include the donated program services support items that were valued at \$656,641. Without the donated support that was received from individual & corporate donors and Roadrunner Food Bank, we could not have adequately supported our clients.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses 777,351

## ATTACHMENT C (continued)

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b>	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## ATTACHMENT C (continued)

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		✓
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	✓	

**Part 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	1	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓	



## ATTACHMENT C (continued)

<b>Part V</b>	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>	Yes	No
<b>2a</b>	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 <span style="float: right;">2a <span style="border: 1px solid black; padding: 0 5px;">3</span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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).	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float: right;">10a <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float: right;">10b <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float: right;">11a <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float: right;">11b <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float: right;">12b <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . . <span style="float: right;">13b <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float: right;">13c <span style="border: 1px solid black; padding: 0 5px;"></span></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," see the instructions and file Form 4720, Schedule N.	<input type="checkbox"/>	<input type="checkbox"/>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," complete Form 4720, Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," complete Form 6069.	<input type="checkbox"/>	<input type="checkbox"/>

## ATTACHMENT C (continued)

**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
<b>1a</b> 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.	<b>1a</b>	7		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		✓	
<b>3</b> 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? . . . . .	<b>3</b>			✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>			✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>			✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		✓	
<b>7a</b> 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? . . . . .	<b>7a</b>		✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>			✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .	<b>8a</b>		✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		✓	
<b>9</b> 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 . . . . .	<b>9</b>			✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>			✓
<b>b</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? . . . . .	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>		✓	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>		✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>		✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>		✓	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>			✓
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>			✓
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>		✓	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		✓	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>			✓
<b>b</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? . . . . .	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NM**
- 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)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

David M Smith, (505)926-1779

1342 NM 333, Suite B, Tijeras, NM 87059-7351

## ATTACHMENT C (continued)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Cheryl A Smith ----- Treasurer	11.58 0.00			✓			11,602	0	0	
Dorlaska M Cammack ----- Director	25.34 0.00	✓					5,407	0	0	
David M Smith ----- President, Director	50.00 0.00	✓		✓			0	0	0	
Sammie E Hutchison ----- Secretary, Director	13.00 0.00	✓		✓			0	0	0	
William E Butler ----- Director	4.00 0.00	✓					0	0	0	
Thomas K Campbell III ----- Director	7.00 0.00	✓					0	0	0	
Amy L Clements ----- Director	4.00 0.00	✓					0	0	0	
Cindy A Hunt ----- Director	28.00 0.00	✓					0	0	0	
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## ATTACHMENT C (continued)

Form 990 (2022)

Page **9**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	29,076				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	992,573				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 656,641				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,021,649				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,382	2,382	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	<b>5</b>	Royalties . . . . .		0	0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	37,815				
			(ii) Personal	0				
			<b>6a</b>	37,815	0			
	<b>b</b>	Less: rental expenses	<b>6b</b>	34,873	0			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	2,942	0			
	<b>d</b>	Net rental income or (loss) . . . . .		2,942	2,942	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			<b>7a</b>					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	0	0			
	<b>d</b>	Net gain or (loss) . . . . .						
<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
		<b>10a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,026,973	5,324	0	0		

Form **990** (2022)

## ATTACHMENT C (continued)

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	15,761	15,761	0	0
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	0	0	0	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b> Other employee benefits . . . . .	500	500	0	0
<b>10</b> Payroll taxes . . . . .	1,206	1,206	0	0
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	0	0	0	0
<b>c</b> Accounting . . . . .	0	0	0	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	4,845	4,845	0	0
<b>13</b> Office expenses . . . . .	4,290	4,290	0	0
<b>14</b> Information technology . . . . .	0	0	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	15,757	15,757	0	0
<b>17</b> Travel . . . . .	8,536	8,536	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	0	0	0	0
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,333	6,333	0	0
<b>23</b> Insurance . . . . .	4,837	4,837	0	0
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a Total Client Items</b> . . . . .	715,286	715,286	0	0
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	777,351	777,351	0	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

## ATTACHMENT C (continued)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,713	<b>1</b>	22,476	
	<b>2</b> Savings and temporary cash investments . . . . .	365,165	<b>2</b>	3,005	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .	2,332	<b>4</b>	29,630	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .	29,903	<b>8</b>	42,916	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	89,123	<b>9</b>	13,428	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	721,166			
	<b>10a</b>				
	<b>b</b> Less: accumulated depreciation . . . . .	73,437			
	<b>10b</b>		382,809	<b>10c</b>	647,729
	<b>11</b> Investments—publicly traded securities . . . . .	3,000	<b>11</b>	371,821	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
<b>14</b> Intangible assets . . . . .		<b>14</b>			
<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	880,045	<b>16</b>	1,131,005		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,041	<b>17</b>	3,812	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	2,100	<b>19</b>	4,100	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	567	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,141	<b>26</b>	8,479	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	737,797	<b>27</b>	1,114,526	
	<b>28</b> Net assets with donor restrictions . . . . .	135,107	<b>28</b>	8,000	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	872,904	<b>32</b>	1,122,526		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	880,045	<b>33</b>	1,131,005		

## ATTACHMENT C (continued)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>1,026,973</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>777,351</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>249,622</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	<b>872,904</b>
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses . . . . .	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	<b>1,122,526</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b> 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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	✓	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	✓	
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .	<b>3a</b>		✓
<b>b</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 . . . . .	<b>3b</b>		



**ATTACHMENT C (continued)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> EAST MOUNTAIN FOOD PANTRY INC	<b>Employer identification number</b> 83-0687334
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**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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 described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - 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.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  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.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

## ATTACHMENT C (continued)

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	132,872	247,771	617,150	844,787	901,935	2,744,515
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	132,872	247,771	617,150	844,787	901,935	2,744,515
<b>5</b> 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) . . . . .						157,450
<b>6 Public support.</b> Subtract line 5 from line 4						2,587,065

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	132,872	247,771	617,150	844,787	901,935	2,744,515
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,680	28,226	30,165	31,972	35,621	131,664
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .			307	1,000		1,307
<b>11 Total support.</b> Add lines 7 through 10						2,877,486
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

## ATTACHMENT C (continued)

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

## ATTACHMENT C (continued)

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

## ATTACHMENT C (continued)

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b> 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?	<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		<b>Yes</b>	<b>No</b>
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

## ATTACHMENT C (continued)

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

## ATTACHMENT C (continued)

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>			
<b>Section D—Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>
		<b>(iii) Distributable Amount for 2022</b>	
<b>1</b>	Distributable amount for 2022 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2022		
<b>a</b>	<b>From 2017</b> . . . . .		
<b>b</b>	<b>From 2018</b> . . . . .		
<b>c</b>	From 2019 . . . . .		
<b>d</b>	From 2020 . . . . .		
<b>e</b>	From 2021 . . . . .		
<b>f</b>	<b>Total</b> of lines 3a through 3e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2022 distributable amount		
<b>i</b>	Carryover from 2017 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2022 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2022 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	<b>Excess from 2018</b> . . .		
<b>b</b>	Excess from 2019 . . .		
<b>c</b>	Excess from 2020 . . .		
<b>d</b>	Excess from 2021 . . .		
<b>e</b>	Excess from 2022 . . .		





**ATTACHMENT C (continued)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>EAST MOUNTAIN FOOD PANTRY INC</b>	<b>83-0687334</b>

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year) . . . . .		
<b>3</b> Aggregate value of grants from (during year) . . . . .		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

<b>1</b> Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
<b>2</b> Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>
<b>3</b> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
<b>4</b> Number of states where property subject to conservation easement is located _____	
<b>5</b> Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
<b>7</b> Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
<b>8</b> Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9</b> In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

<b>1a</b> If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
<b>(i)</b> Revenue included on Form 990, Part VIII, line 1 . . . . .	\$ _____
<b>(ii)</b> Assets included in Form 990, Part X . . . . .	\$ _____
<b>2</b> If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
<b>a</b> Revenue included on Form 990, Part VIII, line 1 . . . . .	\$ _____
<b>b</b> Assets included in Form 990, Part X . . . . .	\$ _____

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

Cat. No. 52283D

Schedule D (Form 990) 2022

## ATTACHMENT C (continued)

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	102,000	0	102,000
<b>b</b> Buildings . . . . .	0	588,661	53,400	535,261
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	30,505	20,037	10,468
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				<b>647,729</b>

## ATTACHMENT C (continued)

**Part VII Investments—Other Securities.**  
Complete if the organization answered “Yes” on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments—Program Related.**  
Complete if the organization answered “Yes” on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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) _____		
<b>Total.</b> (Column (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) _____	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>Accrued Sick Leave</b>	<b>567</b>
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>567</b>

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

## ATTACHMENT C (continued)

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>1,061,846</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> 0		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 0		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b> 0		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b> 37,815		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b> 37,815	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b> 1,024,031	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 0		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b> 2,942		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b> 2,942	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b> 1,026,973	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>812,224</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b> 0		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b> 0		
<b>c</b>	Other losses . . . . .	<b>2c</b> 0		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b> 34,873		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b> 34,873	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b> 777,351	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 0		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b> 0		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b> 0	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b> 777,351	

**Part XIII Supplemental Information.**

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.

Schedule D, Part XI, Line 2d - Gross Rents: Form 990, Part VIII, line 6a not included in Total Revenue: Form 990, Part I, line 12.

Schedule D, Part XI, Line 4b - Net Rental Income or Loss: Form 990 Part VIII, line 6c not included in Total Revenue: Form 990, Part I, line 12.

Schedule D, Part XII, Line 2d - Rental Expenses: Form 990 Part VIII, line 6b not included in Total Expenses: Form 990, Part I, line 18.

Schedule D, Part XII, Line 4b - \$1 Rounding Adjustment between Total Expenses: Form 990, Part I, line 18 and Audit Report.

# ATTACHMENT C (continued)

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization <b>EAST MOUNTAIN FOOD PANTRY INC</b>	Employer identification number <b>83-0687334</b>
--	---

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	611382	656,641	wholesale estimate
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
--	----	---

		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 used for exempt purposes for the entire holding period? . . . . .	30a		✓
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	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		✓
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			



ATTACHMENT C (concluded)

SCHEDULE O (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

2022

Open to Public Inspection

Name of the organization

EAST MOUNTAIN FOOD PANTRY INC

Employer identification number

83-0687334

Form 990, Part V, Line 1a - Form 1096 was filed to report information from one 1099-NEC.

Form 990, Part VI, Section A, Line 2 - David Smith (Director and President) and Cheryl Smith (Treasurer) are married. The Following Directors and Officers of the Corporation: William Butler (Director) and Cheryl Smith (Treasurer) are Directors or Officers of Canyon Bible Church: William Butler (Director) and Cheryl Smith (Treasurer).

Form 990, Part VI, Section A, Line 6 - One class of Members who elect the Board of Directors.

Form 990, Part VI, Section A, Line 7a - Members have the right to elect the Board of Directors.

Form 990, Part VI, Section B, Line 11b - Copies of the 990 are electronically delivered to the Officers and Directors for their review before filing them with the IRS.

Form 990, Part VI, Section B, Line 12c - Transactions involving conflicts of interest are made by the non-conflicted Directors.

Form 990, Part VI, Section B, Line 15 - Top Management not paid, however the Treasurer/Bookkeeper and Manager compensation are reviewed and approved by non-related Directors.

Form 990, Part VI, Section C, Line 19 - Published all documents on Corporate website.

**ATTACHMENT D**  
**EMFP 2022 NM-COROS Submission**

**STATE OF NEW MEXICO**  
OFFICE OF THE ATTORNEY GENERAL



Registry of Charitable Organizations  
P.O. Drawer 1508  
Santa Fe, NM 87504-150  
charity.registrar@nmag.gov  
(505) 717-3500 or 1-844-255-9210

**RAÚL TORREZ**  
**ATTORNEY GENERAL**

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**NM Charitable Organization Registration Statement**

Tax Year 2022 - fiscal period beginning 1/1/2022 and ending 12/31/2022

**Status is Registration Amended (20224212314230685) as of 5/22/2023**

*For up to date status information, visit <https://secure.nmag.gov/CharitySearch/CharityDetail.aspx?FEIN=83-0687334>*

**Charity Name:** East Mountain Food Pantry, Inc.

**FEIN:** 83-0687334

*Website Address:* www.eastmountainfoodpantry.org

*E-Mail Address:* President@EastMountainFoodPantry.org

*Fiscal Year End Month:* 12      *Day:* 31

*Incorporated:* Yes      *State:* NM      *Date:* 5/25/2018

*Organization Type:*

*Establish Date:*

---

*Other Names for Charity:* EMFP  
East Mountain Food Pantry

---

*Primary Address:* 1342 NM 333  
Suite B  
Tijeras, NM 87059-7351

*Mailing Address:* 1342 NM 333  
Suite B  
Tijeras, NM 87059-7351



*Other Addresses:*

33 Western Trail Dr  
Tijeras, NM 87059

---

*Phone Numbers:* 505-407-1078 (Telephone)  
505-926-1779 (Telephone)

---

*NTEE Classifications:* K31 Food Banks & Pantries

---

*Charity Purpose:* Nonprofit organization providing grocery-type food and other appropriate services in our area to those who meet needs based eligibility requirements.

---

*Solicitation Methods:* Personal Contact  
Supported by Trust or Grant  
Special Events  
Internet [www.EastMountainFoodPantry.org](http://www.EastMountainFoodPantry.org)  
Newspaper/Magazine Ads  
E-Mail  
Telephone  
Mail

---

*Charity Individuals:*

<i>Name:</i> Butler, William	505-228-2609
<i>Position Title:</i> Director	Bill@CanyonBible.org
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Cammack, Dorlaska	505-250-9391
<i>Position Title:</i> Director	dorlaska@comcast.net
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Campbell, III, Thomas	505-328-770
<i>Position Title:</i> Director	tkc3d@yahoo.com
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	

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Charity Individuals:

<i>Name:</i> Clements, Amy	505-358-5579
<i>Position Title:</i> Director	amylynn2008@gmail.com
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Hunt, Cindy	505-459-0183
<i>Position Title:</i> Director	cindyahunt@centurylink.net
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Hutchison, Sammie	505-228-9593
<i>Position Title:</i> Director, Secretary	Sammie.H@me.com
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> McGeorge, Robert	505-286-8766
<i>Position Title:</i> Director	McGeorge.robertl@yahoo.com
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Moody, Rick	505-357-7974
<i>Position Title:</i> Director	rmoody114@gmail.com
<i>Annual Compensation:</i> \$0.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Smith, Cheryl	505-286-2802
<i>Position Title:</i> Treasurer	Treasurer@EastMountainFoodPantry.org
<i>Annual Compensation:</i> \$9,685.00	
<i>Address:</i> 1342 NM 333 Suite B Tijeras, NM 87059-7351	
<hr/>	
<i>Name:</i> Smith, David	505-286-2802

Position Title: Director, President

President@EastMountainFoodPantry.org

Annual

Compensation: \$0.00

Address: 1342 NM 333

Suite B

Tijeras, NM 87059-7351

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*Responsibilities:*

*Individuals who are authorized to sign checks:* Hutchison, Sammie Director, Secretary  
Smith, Cheryl Treasurer  
Smith, David Director, President

*Individuals who are responsible for fund raising:* Butler, William Director  
Cammack, Dorlaska Director  
Campbell, III, Thomas Director  
Clements, Amy Director  
Hunt, Cindy Director  
Hutchison, Sammie Director, Secretary  
Smith, Cheryl Treasurer  
Smith, David Director, President

*Individuals who are responsible for the distribution of funds:* Smith, Cheryl Treasurer  
Smith, David Director, President

*Individuals who have custody of financial records:* Smith, Cheryl Treasurer  
Smith, David Director, President

*Individuals who have custody of funds:* Smith, Cheryl Treasurer  
Smith, David Director, President

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*Accountant/Auditor:*

*Person Name:* Smith, David  
*Job Title:* President  
*Company:* East Mountain Food Pantry, Inc.  
*Address:* 1342 NM 333  
Suite B  
Tijeras, NM 87059-7351  
*Phone Number:* 505-355-9909  
*E-Mail Address:* President@EastMountainFoodPantry.org

*Person Authorized to Receive  
Service of Process:*

*Person Name:* Smith, David  
*Job Title:* President  
*Company:* East Mountain Food Pantry Inc  
*Address:* 1342 NM 333  
Suite B  
Tijeras, NM 87059-7351  
*Phone Number:* 505-355-9909  
*E-Mail Address:* President@EastMountainFoodPantry.org

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*Professional Fundraisers:*

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*Question and Answer:*

*Q: Has organization or any of its officers, directors, employees or fund raisers ever been enjoined or otherwise prohibited by a government agency/court from soliciting?*

*A: No*

*Q: Has organization or any of its officers, directors, employees or fund raisers had its registration been denied or revoked?*

*A: No*

*Q: Has organization or any of its officers, directors, employees or fund raisers ever been the subject of a proceeding regarding any solicitation or registration?*

*A: No*

*Q: Has organization or any of its officers, directors, employees or fund raisers ever entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency?*

*A: No*

*Q: Has organization or any of its officers, directors, employees or fund raisers registered with or obtained exemption from any state or agency?*

*A: No*

Q: *Has organization or any of its officers, directors, employees or fund raisers solicited funds in New Mexico?*

A: Yes Through contact with Churches, individuals and organizations periodically using e-mail, telephone, Internet, newspaper advertising, etc.

Q: *Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (a) any other officer, director, trustee or employee OR (b) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (c) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization?*

A: Yes David Smith and Cheryl Smith are spouses.

Q: *Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (b) or (c) in previous question OR serve as an officer, director, partner or employee of a business described in (b) or (c) in previous question?*

A: Yes William Butler and Cheryl Smith are Directors and/or Officers of Organization and they are Directors and/or Officers of Canyon Bible Church Inc.

Q: *Have any of the organization's officers, directors, or principal executives ever been convicted of a misdemeanor or felony?*

A: No

Q: *Does the organization receive financial support from other non-profit organizations (foundations, public charities, combined campaigns, etc.)?*

A: Yes Several Churches, including: First Baptist Church of Tijeras, 11810 Highway 337, Tijeras NM; Canyon Bible Church, 1342 NM 333, Suite D, Tijeras, NM; Mountainside United Methodist Church, 4 Penny Ln, Cedar Crest, NM 87008, Sandia Mountain Lions Club, 43 Coyote Springs Rd, Albuquerque, NM 87123, Albuquerque Rotary Charitable Foundation, POBox 3807, Albuquerque, NM 87190 and other nonprofit Organizations. These are casual relationships supporting Food Pantry, volunteers from these Churches may also volunteer at the Food Pantry.

Q: *Does the organization share revenue or governance with any other non-profit organization?*

A: No

Q: *Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization?*

A: No

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Applied For Tax Exempt:	Yes	5/28/2018
Granted Tax Exempt:	Yes	6/7/2018
IRS Section:	501(c)(3)	
Tax Exempt Ever Denied:	No	

Tax Exempt Ever Revoked: No  
Tax Exempt Ever Modified: No  
Contributions Tax Deductible: Yes

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*Banks:*

Vanguard Marketing Corporation  
800-662-2739  
PO Box 1170  
Valley Forge, PA 19482-1170

Sadia Laboratory Federal Credit Union  
505-237-3471  
1 Liberty Square Cir  
Edgewood, NM 87015

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**Annual Financials**

<i>IRS Document Filed:</i>	990
<i>Total Contributions:</i>	\$1,021,649.00
<i>Total Gross Revenue:</i>	\$1,026,973.00
<i>Total Expenses:</i>	\$777,351.00
<i>Program Services Expenses:</i>	\$777,351.00
<i>Management General Expenses:</i>	\$17,467.00
<i>Fundraising Expenses:</i>	\$0.00
<i>Beginning of Year Net Assets:</i>	\$872,045.00
<i>End of Year Net Assets:</i>	\$1,122,526.00
<i>Gross Professional Fundraising Collections:</i>	\$0.00
<i>Net Professional Fundraising Collections:</i>	\$0.00

Tax Year 2022 - fiscal period beginning 1/1/2022 and ending 12/31/2022

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*Registration Submitted By:*

Smith, David  
President

505-286-2802  
david@smith713.com

**ATTACHMENT E  
EMFP 2024 Budget**



**EAST MOUNTAIN  
FOOD PANTRY  
2024 BUDGET**

<b>FOOD PANTRY BUDGET</b>	<b>2024 BUDGET</b>	
	<b>ANNUAL AMOUNT</b>	<b>MONTHLY Average</b>
<b>FOOD PANTRY REVENUE:</b>		
General Fund	119,400	9,950
Governmental Grants	157,000	13,083
In-Kind:		
Client Items	629,800	52,483
Total In-Kind	629,800	52,483
Processing Fees	200	17
Interest	9,200	767
Other Income (UBI)	5,000	417
<b>TOTAL FOOD PANTRY REVENUE</b>	<b>920,600</b>	<b>76,717</b>
<b>FOOD PANTRY EXPENSES:</b>		
Advertising	2,500	208
Client Items (78% of Budget Expenses):		
In-Kind (71% of Budget Expenses)	629,800	52,483
Purchased	60,300	5,025
Total Client Items	690,100	57,508
Depreciation	22,400	1,867
Fees:		
Auditing	8,500	708
Filing	200	17
Processing	200	17
Total Fees	8,900	742
Insurance	7,000	583
Maintenance:		
Normal	7,900	658
Total Maintenance	7,900	658
Staffing:		
Gross	102,300	8,525
Sick Leave	3,400	283
Taxes	7,800	650
Total Staffing	113,500	9,458
Supplies	9,900	825
Transportation	8,900	742
Utilities	11,200	933
<b>TOTAL FOOD PANTRY EXPENSES</b>	<b>882,300</b>	<b>73,524</b>
<b>NET FOOD PANTRY</b>	<b>38,300</b>	<b>3,193</b>

231219

ATTACHMENT E (continued)



**EAST MOUNTAIN  
FOOD PANTRY  
2024 BUDGET**

	<b>2024 BUDGET</b>	
	<b>ANNUAL AMOUNT</b>	<b>MONTHLY Average</b>
<b>PROPERTY BUDGET</b>		
<b>PROPERTY REVENUE:</b>		
Suite Rental	42,200	3,517
Suite Electricity	16,700	1,392
Allocated:		
MACI	5,500	458
Total Allocated	5,500	458
Interest	5,900	492
<b>TOTAL PROPERTY REVENUE</b>	<b>70,300</b>	<b>5,859</b>
<b>PROPERTY EXPENSES:</b>		
Allocated:		
MACI	5,500	458
Total Allocated	5,500	458
Depreciation	33,800	2,817
Insurance	6,800	567
Maintenance	6,000	500
Staffing:		
Gross	5,400	450
Sick Leave	200	17
Taxes	400	33
Total Staffing	6,000	500
Supplies	500	42
Taxes	2,000	167
Utilities:		
Electric	2,600	217
Solid Waste	1,000	83
Water	500	42
Total Utilities	4,100	342
<b>TOTAL PROPERTY EXPENSES</b>	<b>64,700</b>	<b>5,393</b>
<b>NET PROPERTY</b>	<b>5,600</b>	<b>466</b>
<b>EMFP CHANGE IN NET ASSETS</b>	<b>43,900</b>	<b>3,659</b>

231219



ATTACHMENT E (concluded)



**EAST MOUNTAIN  
FOOD PANTRY  
2024 BUDGET**

	<b>2024 BUDGET</b>	
	<b>ANNUAL</b>	<b>MONTHLY</b>
<b>CAPITAL BUDGET</b>	<b>AMOUNT</b>	<b>Average</b>
<b>PANTRY CAPITAL</b>		
Capital Equipment	5,000	417
Computer Equipment	5,000	417
Furniture	5,000	417
Equipment (Expensed)	5,000	417
<b>TOTAL PANTRY CAPITAL</b>	<b>20,000</b>	<b>1,668</b>
<b>PROPERTY CAPITAL</b>		
Buildings	-	-
Improvements	-	-
Equipment (Expensed)	300	25
Land	-	-
<b>TOTAL PROPERTY CAPITAL</b>	<b>300</b>	<b>25</b>
<b>TOTAL EMFP CAPITAL EXPENDITURES</b>	<b>20,300</b>	<b>1,693</b>

231219