Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑГ	or the	2022 calendar year, or tax year beginning	anu	enaing		
B C	heck if pplicable	C Name of organization			D Employer identifi	cation number
	Addres	Orting Food Bank Inc.				
	Name change	Doing business as			20-85626	23
	Initial return	Number and street (or P.O. box if mail is not delivered to str	reet address)	Room/suite		
	Final return/	PO Box 1877			360-893-	
_	terminated	City or town, state or province, country, and ZIP or fore	eign postal code		G Gross receipts \$	927,410.
	Ameno	Of Cing, WA 90300			H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: DCEPITATITE	e Lathrop		for subordinates	
		same as C above			H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert	no.) 4947(a)(1)	or 52	7 If "No," attach a	list. See instructions
	Vebsit				H(c) Group exemptio	
		organization: X Corporation Trust Association	Other	L Yea	r of formation: 2007 N	1 State of legal domicile: WA
Ра	rt I	Summary		. 1 1		1t
စ္ပ	1	Briefly describe the organization's mission or most significan	t activities: TO C	оттес	t and distri	bute 100a
Activities & Governance		to those in need.				
eru		Check this box if the organization discontinued its			i	
હું		Number of voting members of the governing body (Part VI, li			3	6
<u>«</u>		Number of independent voting members of the governing bo				6 2
ties		Total number of individuals employed in calendar year 2022				50
ξ						
AC		Total unrelated business revenue from Part VIII, column (C),				0.
	b	Net unrelated business taxable income from Form 990-T, Par	t I, line 11	·····	7b Prior Year	Current Year
		Contributions and grants (Dort VIII line 1b)		-	1,059,096.	927,320.
ne					0.	0.
Revenue					96.	90.
<u>۾</u>		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 110)		-7,648.	-5,054.
		Total revenue - add lines 8 through 11 (must equal Part VIII, o			1,051,544.	922,356.
		Grants and similar amounts paid (Part IX, column (A), lines 1-			937,441.	836,024.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ړ		Salaries, other compensation, employee benefits (Part IX, co	lumn (A) lines 5-10)		56,635.	64,584.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)		0.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			76,947.	79,676.
		Total expenses. Add lines 13-17 (must equal Part IX, column			1,071,023.	980,284.
	19	Revenue less expenses. Subtract line 18 from line 12			-19,479.	-57,928.
es Sor		·		В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			711,750.	653,869.
d B	21	Total liabilities (Part X, line 26)			1,782.	1,828.
		Net assets or fund balances. Subtract line 21 from line 20			709,968.	652,041.
	rt II	Signature Block				
		lties of perjury, I declare that I have examined this return, including a				y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based	on all information of wh	nich prepare	er has any knowledge.	
		Signature of officer			 Date	
Sigr		· ·			Date	
Here	е	Stephanie Lathrop, President Type or print name and title				
		· · ·	-1	1	Date Check	PTIN
Do:4		Preparer's Todd Roan, CPA	signature		if	
Paid Pran	arer	Firm's name Battershell & Nichols,	DC		self-employ	7-1095574
-	Only	Firm's address 33507 9th Ave S Ste C-			Firm's EIN 2	1 1093314
J36	Jiiiy	Federal Way, WA 98003	_		Phone no 25	3-839-1620
May	the I	RS discuss this return with the preparer shown above? See in	netructions		I Holle Ho. 4 5	X Yes No
ıvıay	uie it	io discuss this return with the preparer shown above? See II	13tl UULIUI 13			100

ıa	Observice According to the state of the stat	-		
_	Check if Schedule O contains a response or no	te to any line in this Part III		<u></u>
1	Briefly describe the organization's mission: To collect and distribute:	food to those in n	hee	
	10 Collect and distribute .	1000 to those in in	eeu.	
2	Did the organization undertake any significant progra			
				Yes X No
	If "Yes," describe these new services on Schedule O	<i>i</i> .		
3	Did the organization cease conducting, or make sign	ificant changes in how it conducts, a	any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	-		
4	Describe the organization's program service accomp	lishments for each of its three larges	st program services, as measured by	v expenses
-	Section 501(c)(3) and 501(c)(4) organizations are requ			
	revenue, if any, for each program service reported.	aned to report the amount of grants	and anocations to others, the total v	expenses, and
4-	revenue, il ariy, for each program service reported.	8 • including grants of \$	36,024.) (Revenue\$	1
4a	Code:)(Expenses \$ 915,698) Distributed 438,466 pounds	of food to 16 576	70,024•) (Revenue \$)
	distributed 430,400 pounds	1 - b : 1 d	persons, we also	
	distributed 720 backpacks	to school children	containing 4,320	mears and
	2,880 snacks. OFB served as	s a Summer Meal Si	te serving over 2,	252 meals
	to individuals ages 1-18.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	, (,		, (
	-			
	011			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants		(Revenue \$)
<u>4e</u>	Total program service expenses	915,698.		
				Form 990 (2022)

Form 990 (2022) Orting Food Bank Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		\vdash^{Δ}
34		24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Orting Food Bank Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
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).			37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	٥-		x			
	any contributions that were not tax deductible as charitable contributions?	6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh.					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10					
·	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	-					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	9 Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-					
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.			,			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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Form **990** (2022)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNone			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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			
	Orting Food Bank - 360-893-0095			
	PO Box 1877, Orting, WA 98360			

Form **990** (2022)

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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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Position Name and title Reportable Reportable Estimated Average (do not check more than one box, unless person is both an compensation compensation amount of hours per officer and a director/trustee week from from related other (list any the organizations compensation (W-2/1099-MISC/ hours for organization from the related (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related Institutional 1 below organizations line) 40.00(1) Robin Hash X 42,612 0. Director of Services 0. 10.00 (2) Stephanie Lathrop President X X 0. 0. 0. 1.00 (3) Deborah Taylor X X 0. 0. 0. Secretary 1.00 (4) Scott Larson X X 0 0 0. Treasurer 0.50(5) Steve Rodrigues 0. 0. 0. Board 2.00 (6) Joanne Tallon X 0 0. 0. Auction Chair 1.00 (7) Rob Lowry X 0. 0. 0. Board

Form 990 (2022)

Part VII Section A.	Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B) (C) (D) (E)									(F)		
Name	and title	Average	Position (do not check more than one				one	Reportable	Reportable		Estimate	ed	
		hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation		amount	
		week	├.			I	J17 ti dis	1	from	from related		other	
		(list any hours for	irecto						the	organizations (W-2/1099-MISC		ompensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		from th organizat	
		organizations	ruste	Institutional trustee		ee ee	mpen		1099-NEC)	1099-1120)		and relat	
		below	dualt	rtiona	L	nploy	st co	 	10001120)			organizat	
		line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				Ū	
			1										
			1										
							\vdash				+		
			1										
											_		
											\bot		
			1										
1h Cubtotal		<u> </u>							42,612.		0.		0.
c Total from contin	nuation sheets to Part V	Il Section A						••	0.		0.		0.
	1b and 1c)								42,612.		0.		0.
•	ndividuals (including but n								· · · · · · · · · · · · · · · · · · ·				
	om the organization	iot iii iiited to ti	1030	· IISLC	Ju	DOV	C) WI	10 1	cocived more than \$100	,000 of reportable			0
Compendation ne	on the organization				7							Yes	No
3 Did the organizati	ion list any former officer,	director, trust	ee. I	kev e	emp	love	e. o	r hic	nhest compensated emp	lovee on			
•	complete Schedule J for s	•		•	•	•	-	_		•	5	3	Х
	l listed on line 1a, is the su												
	nizations greater than \$15										4	4	Х
	sted on line 1a receive or												
	organization? If "Yes," com	plete Schedul	e J t	for st	uch	pers	son .				<u> </u>	5	X
Section B. Independe													
	ole for your five highest co										ensatio	on from	
the organization.	Report compensation for (A)	trie caleridar y	eai	enui	ng v	VILII	OI W	141111	(B)	year.		(C)	
	Name and business	address	N	INC	3				Description of s	ervices	Com	npensatio	n
								\dashv					
								_					
2 Total number of in	ndependent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of com	pensation from the organi	zation				(0						
											Fo	rm 990 (2022)

Pai	rt VI	Statement of Revenue	
		Check if Schedule O contains a response or note to any li	ne in this Part VIII
			(A) (B) (C) (D) Total revenue Related or exempt Unrelated business revenue from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c c e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Business Code	927,320.
	g	Total. Add lines 2a-2f	
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	90.
		Gross rents (i) Real (ii) Personal Gable 6a 6b 6b	
		Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory 7a 6c (i) Securities (ii) Other	
Revenue	c	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	
Other	8 a	Gross income from fundraising events (not including \$ 12,528 of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8a 0 8b 5,054	
	c	Net income or (loss) from fundraising events Gross income from gaming activities. See	-5,054.
	c	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns	
	b	and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory	
Miscellaneous Revenue	11 a		
ever	c		
Misc		All other revenue	
\Box		Total. Add lines 11a-11d	022 256
	12	Total revenue. See instructions	922,356. 0. 04,964.

232009 12-13-22

Form **990** (2022)

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).

3601	Charle if Sahadula O contains a reason			, , ,	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	836,024.	836,024.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40 610	24 000	0 500	
	trustees, and key employees	42,612.	34,090.	8,522.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	16,864.	12 /01	3,373.	
7	Other salaries and wages	10,004.	13,491.	3,313.	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes	5,108.	4,086.	1,022.	
11	Fees for services (nonemployees):	3,1001	1,000.	1,022,	
	Management				
	Legal				
	Accounting	14,256.		14,256.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	451.	451.		
13	Office expenses	3,516.	1,809.	1,707.	
14	Information technology	1,609.		1,609.	
15	Royalties	04 006		04 006	
16	Occupancy	21,996.	200	21,996.	
17	Travel	375.	375.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	28,191.	25,372.	2,819.	
23	Insurance	9,282.	23,3,24	9,282.	
23 24	Other expenses. Itemize expenses not covered	3,2024		3,2024	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	,				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	980,284.	915,698.	64,586.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)
	0 10 10 00				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			235,471.	1	208,530
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of		Г			
		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			79,341.	8	76,591
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		64.0.000			
		basis. Complete Part VI of Schedule D	10a	610,999.	226 222		260 746
	b	Less: accumulated depreciation		242,251.	396,938.	10c	368,748
	11	Investments - publicly traded securities		F		11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			711 750	15	652.06
	16	Total assets. Add lines 1 through 15 (must eq			711,750.	16	653,869
	17	Accounts payable and accrued expenses			1,782.	17	1,828
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for		A			
<u> </u>		trustee, key employee, creator or founder, sub-					
<u>a</u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line of Schedule D	S 17-24). Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			1,782.	26	1,828
	20	Organizations that follow FASB ASC 958, ch			177021	20	1,020
Ses		and complete lines 27, 28, 32, and 33.					
ä	27	Net assets without donor restrictions			709,968.	27	652,041
g	28	Net assets with donor restrictions			•	28	
<u> </u>		Organizations that do not follow FASB ASC					
ĭ		and complete lines 29 through 33.	,				
o S	29	Capital stock or trust principal, or current funds	3			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			709,968.	32	652,041
_	33	Total liabilities and net assets/fund balances			711,750.	33	653,869

Form **990** (2022)

13008__1

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70	9,9	68.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> 1.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	65	2,0	<u>41.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			3,7	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		_		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		_ 3b	000	
			Form	990	(2022)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Orting Food Bank Inc.

Employer identification number 20-8562623

Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructions.					
The	organ	ization is not a private found										
1	o.ga.	A church, convention of ch										
2	一	A school described in sect	·			,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·////·/·					
	H					V6V4VAV:	::1					
3	\vdash	A hospital or a cooperative					-					
4		A medical research organiz	ation operated in co	njunction with a nospital	described	a in sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,				
		city, and state:										
5		An organization operated for		ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org				ed in coniu	unction with a land-grant	college				
_		or university or a non-land-										
		university:	grant conege or agno	ditare (see instructions).	Litter the	marrio, oit	y, and state of the coneg	C OI				
40				then 00 1/00/ of its over	and function							
10		An organization that norma										
		activities related to its exen						-				
		income and unrelated busing		(less section 511 tax) fro	om busine	esses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	section	509(a)(2).	See section 509(a)(3).	Check the box on				
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving				
		the supported organization										
		organization. You must o			,,							
b		Type II. A supporting org	-		tion with it	te eunnort	ed organization(s), by ha	wing				
			•					-				
		control or management o			arrie perso	טווא נוומנ טנ	official of manage the sup	pported				
		organization(s). You mus										
C	:		-					ed with,				
		its supported organizatio	* * *	•								
C	I L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	zation(s)				
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	. L	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	Ente	er the number of supported o	organizations									
c		vide the following information	-									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))								
_												
Tota	al											

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

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

Sec	ction A. Public Support	7.1	· · · · · · · · · · · · · · · · · · ·	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	. ,	()	. ,	,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	960,483.	941,501.	1325713.	1051108.	927,320.	5206125.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.60 400	0.44 5.04	4205542	1051100	007 000	5006405
4	Total. Add lines 1 through 3	960,483.	941,501.	1325713.	1051108.	927,320.	5206125.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5206125.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022 927,320.	(f) Total 5206125.
7	Amounts from line 4	960,483.	941,501.	1325713.	1051108.	927,320.	5206125.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	40.	835.	396.	96.	90.	1,457.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5207582.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (14	99.97 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.97 %
16a	33 1/3% support test - 2022. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			X
b	33 1/3% support test - 2021. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					*
	and if the organization meets the fact	s-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Orting Food Bank Inc.

Employer identification number 20-8562623

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvation easements during the year
-	Annual of annual in an article in the state of the state	allian and a definition of the second state of	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conservation	on easements during the year
	Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of section 170/b	\/4\/D\/i\
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
3	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.	Tible to the organization's infantial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Forn	-	
	If the organization elected, as permitted under FASB ASC 99		d balance sheet works
	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	•	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

					00 054		
		od Bank Inc.	tania al Tua a a coma	ou Oth ou Oiresi	20-856		
	t III Organizations Maintaining Col		· · · · · · · · · · · · · · · · · · ·			S (continu	ied)
3	Using the organization's acquisition, accession,	and other records, chec	k any of the following th	at make significan	t use of its		
_	collection items (check all that apply):	a 🗀	l aan ar ayahanga nrag	wa m			
a	Public exhibition		Loan or exchange prog				
b	Scholarly research	e 📖	Other				
C	Preservation for future generations	adiana analannalain laannid		4 :	anna in Daut	VIII	
4	Provide a description of the organization's colle				ose in Part	XIII.	
5	During the year, did the organization solicit or reto be sold to raise funds rather than to be maint					Yes	□ No
Par	t IV Escrow and Custodial Arrange						L NO
ı uı	reported an amount on Form 990, Part X		organization answered	i res on Form 98	io, Fait IV, III	ne 9, or	
12	Is the organization an agent, trustee, custodian		contributions or other a	seets not included	٠		
Iu	on Form 990, Part X?	•				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII and					103	110
	The root, explain the arrangement in rate xiii and	a complete the following	tubio.		Τ ,	Amount	
c	Beginning balance			1c	+		
	Additions during the year						
	Distributions during the year						
f	Ending balance				1		
	Did the organization include an amount on Form				<u> </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Cr						
Par							
	(;	a) Current year (b) F	Prior year (c) Two year	ars back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curren	t year end balance (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
	Permanent endowment	%					
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c should	•					
3a	Are there endowment funds not in the possessi	on of the organization the	at are held and administ	tered for the		<u></u>	/ N-
	organization by:					_	res No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
	If "Yes" on line 3a(ii), are the related organization					3b	
Dai	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmen		TUNOS.				
Pal	t VI Land, Buildings, and Equipmer Complete if the organization answered "		/ line 11a See Form 90	0 Part X line 10			
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulat	tod ((d) Book	value
	bescription of property	basis (investment)	basis (other)	depreciation		(d) Book	value

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a La	and		68,378.		68,378.
b Bu	uildings		388,890.	128,325.	260,565.
c Le	easehold improvements				
d Eq	quipment		153,731.	113,926.	39,805.
e Ot	ther				
Total. Ad	dd lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	nn (B), line 10c.)		368,748.

Schedule D (Form 990) 2022

) — 8	35	62	62	3	Page 3
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a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			-
Closely held equity interests			
Other			
(A)			
(B)			
C)			
D)			
E)			
F)			
G)			
H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)		-	<u> </u>
2)			
3)			
4)			
5)			
6)			
7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" of	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)			
(0)			
(0)			
(9)			
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(8) [9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.)		
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 29	5.
negart X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25	5. (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 29	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 29	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 29	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability		11e or 11f. See Form 990, Part X, line 29	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 29	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 29	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		

	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	5 (, ,			
b	Donated services and use of facilities	·····		
С	1 7 0			
d	/	•		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	7	· · · · · · · · · · · · · · · · · · ·		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Ра	rt XII Reconciliation of Expenses per Audited Financial S	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1		
а				
b	Prior year adjustments			
С	Other losses	2c		
d	7			
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1	,,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	,			
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Part XI,	
lines	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization							Employer identification number
Orting Foo		nc.					20-8562623
Part I General Information on Grants an							
1 Does the organization maintain records to							
criteria used to award the grants or assist	ance?						X Yes No
2 Describe in Part IV the organization's prod						/ " F 000 B	
Part II Grants and Other Assistance to D recipient that received more than \$						res" on Form 990, Par	t IV, line 2 I, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations							

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					The organization maintains
					records of client eligibility
Food and assistance to need individuals and					for The Emergency Food
families	19548	0.	835,124.	\$1.82/lb. valuation	Assistance Program (TEFAP).
			1		
Part IV Supplemental Information Provide the information					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(f) Description of Non-cash Assistance: The organization maintains
records of client eligibility for The Emergency Food Assistance Program

(TEFAP). Clients self-identify eligibility according to the annual WA

State Department of Agriculture guidelines indicating eligibility.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Orting Food Bank Inc.

Inspection **Employer identification number**

20-8562623

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contrib amounts reporte		Method of de			
		applicable		Form 990, Part VIII		noncash contribu	illori a	mount	S
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 - Closely Held stock Securities - Partnership, LLC, or								
•••	• • • •								
10	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
44	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other				+				
18	Collectibles	X	88,693	907	100	\$1.82/1b va	1,,,	+ i ^	<u> </u>
19	Food inventory	Λ	00,093	007,	100.	91.02/1D Va	ııua	CIO	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()			<u> </u>					
29	Number of Forms 8283 received by the organi		•						
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	jement	29				
								Yes	No
30a	During the year, did the organization receive b								
	must hold for at least 3 years from the date of		•	•					
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard	l contribu	tions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell	noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column	(a) is ched	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	1 (Forr	n 990)	2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** 20-8562623 Orting Food Bank Inc. Form 990, Part VI, Section B, line 11b: Form 990 is e-mailed to each member of the governing body for review. Form 990, Part VI, Section B, Line 12c: Conflict of interest policy is reviwed annually. Board members are asked to identify if a conflict of interest comes up during the year. Form 990, Part VI, Section B, Line 15: Annual raises equal or are greater than COLA increase. Salaries are comparable to similarly sized food pantries in WA. Form 990, Part VI, Section C, Line 19: Documents are available on the organization's website and upon request. Form 990, Part XI, line 9, Changes in Net Assets: Rounding 1. Form 990, Part XII, Line 2c The process has not changed from the prior year.

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

Schedule O (Form 990) 2022