

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

|  |  |
|--|--|
| <b>A</b> For the <b>2021</b> calendar year, or tax year beginning and ending   |  |
| <b>B</b> Check if applicable:  | <b>C</b> Name of organization<br><b>FOOD FORWARD, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>7412 FULTON AVENUE 3</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>NORTH HOLLYWOOD, CA 91605</b>  |
| Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending  | <b>D</b> Employer identification number<br><b>90-0678872</b><br><b>E</b> Telephone number<br><b>(818) 764-1022</b><br><b>G</b> Gross receipts \$ <b>128,282,991.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? Yes No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527  |  |
| <b>J</b> Website: ▶ <b>WWW.FOODFORWARD.ORG</b>   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ <b>L</b> Year of formation: <b>2011</b> <b>M</b> State of legal domicile: <b>CA</b> |  |

**Part I Summary**

|                                    |                |   |
|------------------------------------|----------------|---|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>FOOD FORWARD FIGHTS HUNGER AND PREVENTS FOOD WASTE BY RESCUING FRESH SURPLUS PRODUCE, CONNECTING</b> |
|                                    | <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>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>14</b>  |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>13</b>  |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>45</b>   |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>660</b>  |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>  |
|                                    | <b>7b</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>  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g) ..... <b>16,374.</b> <b>3,000.</b>   |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>2,948.</b> <b>2,309.</b>   |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>25,939.</b> <b>-10,820.</b>   |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>119,164,188.</b> <b>128,150,149.</b>  |
| <b>Expenses</b>                    |                | <b>13</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>2,339,893.</b> <b>2,564,391.</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>573,733.</b>   |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,040,705.</b> <b>1,438,257.</b>  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>112,276,221.</b> <b>124,179,353.</b>   |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12 ..... <b>6,887,967.</b> <b>3,970,796.</b>  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16) ..... <b>8,834,924.</b> <b>12,955,667.</b>   |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26) ..... <b>151,296.</b> <b>301,243.</b>   |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20 ..... <b>8,683,628.</b> <b>12,654,424.</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.

|                               |  |                                       |                         |   |                          |
|-------------------------------|--|---------------------------------------|-------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>RICHARD NAHMIA, CHIEF EXECUTIVE OFFICER</b><br>Type or print name and title |                                       | Date                    |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>LAUREN A. HAVERLOCK</b>   | Preparer's signature<br><i>Lauren</i> | Date<br><b>11/11/22</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00545829</b> |
|                               | Firm's name ▶ <b>MOSS ADAMS LLP</b>  | Firm's EIN ▶ <b>91-0189318</b>        |                         |   |                          |
|                               | Firm's address ▶ <b>21700 OXNARD ST. STE 300 WOODLAND HILLS, CA 91367</b>                              | Phone no. <b>818-577-1900</b>         |                         |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOOD FORWARD FIGHTS HUNGER AND PREVENTS FOOD WASTE BY RESCUING FRESH SURPLUS PRODUCE, CONNECTING THIS ABUNDANCE WITH PEOPLE EXPERIENCING FOOD INSECURITY, AND INSPIRING OTHERS TO DO THE SAME.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 120,443,790. including grants of \$ 118,761,737. ) (Revenue \$ ) THE WHOLESALE PRODUCE RECOVERY PROGRAM COLLECTS LARGE LOTS OF PRODUCE FROM WHOLESALE PRODUCE VENDORS, DISTRIBUTORS, AND GROWERS AND DONATES IT TO HUNGER RELIEF AGENCIES. THESE FOOD BANKS, PANTRIES, SOUP KITCHENS, AND OTHER PROGRAMS THEN DISTRIBUTE THE PRODUCE FREE OF CHARGE TO PEOPLE EXPERIENCING FOOD INSECURITY.

4b (Code: ) (Expenses \$ 1,201,908. including grants of \$ 892,918. ) (Revenue \$ 3,000. ) THE FARMERS MARKET RECOVERY PROGRAM ORGANIZES VOLUNTEERS TO COLLECT UNSOLD PRODUCE FROM LOCAL FARMERS MARKETS TO DONATE TO ORGANIZATIONS SERVING PEOPLE EXPERIENCING FOOD INSECURITY.

4c (Code: ) (Expenses \$ 1,014,396. including grants of \$ 522,050. ) (Revenue \$ ) THE BACKYARD HARVEST PROGRAM MOBILIZES GROUPS OF VOLUNTEERS TO HARVEST SURPLUS FRUIT FROM PRIVATE RESIDENCES, COMMERCIAL ORCHARDS, AND PUBLIC ORCHARDS AND THEN DONATES THE HARVEST TO ORGANIZATIONS SERVING PEOPLE EXPERIENCING FOOD INSECURITY.

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

4e Total program service expenses 122,660,094.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | X   |    |
| 3 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>  |     | X  |
| 4 <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>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 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>   | 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.  |     |    |
| a 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>   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c 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>  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | 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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   |     | X  |
| 18 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>   | X   |    |
| 19 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>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

**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> .....  |     | X  |
| <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> .....  | X   |    |
| <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> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <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> .....  |     | X  |
| <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> .....   |     | X  |
| <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> .....   |     | X  |
| <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> ..... |     | X  |
| <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> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <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> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <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> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <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> .....   |     | X  |
| <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> .....   |     | X  |
| <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> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <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>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> .....   |     | X  |
| <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> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O .....  | X   |    |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

**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<br>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> 14   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 13   |     |    |
| <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?  |     | X  |
| <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?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <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?   |     | X  |
| <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?  |     | X  |
| <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?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <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   |     | X  |

**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?   |     | X  |
| <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>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <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  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <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   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  |     | X  |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <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   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | 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?  |     | X  |
| <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? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 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 **▶**  
**RICHARD NAHMIA** - (818) 764-1022  
 7412 FULTON AVE, NO 3, NORTH HOLLYWOOD, CA 91605

**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, 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)<br>Name and title                                 | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) RICHARD NAHMIAS<br>FOUNDER/CEO                    | 50.00   | X   |                       | X       |              |                              |        | 152,430.  | 0.   | 13,159.   |
| (2) QUANG NGUYEN<br>CHIEF OPERATING OFFICER           | 40.00   |   |                       |         |              | X                            |        | 120,661.  | 0.   | 8,240.  |
| (3) JENNIFER COX<br>CHIEF DEVELOPMENT OFFICER         | 40.00   |   |                       |         |              | X                            |        | 106,428.  | 0.   | 10,294.   |
| (4) DIANE HELFREY<br>DIRECTOR OF FINANCE & ACCOUNTING | 40.00   |   |                       | X       |              |                              |        | 83,822.   | 0.   | 6,312.  |
| (5) ROBERT VALENCIA<br>BOARD CHAIR (AS OF 6/2021)     | 8.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) CHRISTY REMEY CHIN<br>TREASURER                   | 4.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) MARK RHEIN<br>SECRETARY (AS OF 12/2021)           | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (8) SUZANN BRANTNER<br>SECRETARY (THROUGH 5/2021)     | 3.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) JASON CRAYNE<br>BOARD MEMBER                      | 6.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) CRYSTAL L. FRIERSON<br>BOARD MEMBER              | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) JEDD GOLD<br>BOARD MEMBER                        | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) NEIL HALTRECHT<br>FORMER CHAIR 2015-2017         | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) CAROL GOLDSTEIN<br>BOARD MEMBER                  | 6.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) JEFF HARRIS<br>BOARD MEMBER (AS OF 03/2021)      | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) CARLA HEER<br>BOARD MEMBER                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) SCOTT JARUS<br>FORMER CHAIR 2017-2021            | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) SHARI LEINWAND<br>BOARD MEMBER (AS OF 6/2021)    | 3.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) BETTY ZAMORANO-PEDREGON<br>BOARD MEMBER                   | 4.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 463,341.  | 0.   | 38,005.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 463,341.  | 0.   | 38,005.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

|  |   |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|---|--|----------------------|------------------------------------|----------------------------|--|--|
|  |   |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events   | <b>1c</b>            | 132,770.                           |                            |  |  |
|  | <b>d</b>  | Related organizations  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>  | Government grants (contributions)  | <b>1e</b>            | 176,131.                           |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 127,846,759.                       |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$ 120,284,186.                    |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f  |                      | 128155660.                         |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>  | PRIVATE PICKS  | <b>Business Code</b> |                                    |                            |  |  |
|  |   |  | 110000               | 3,000.                             | 3,000.                     |  |  |
|  | <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   |  | 3,000.               |                                    |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts)   |                      | 2,175.                             |                            | 2,175.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |  |
|  | <b>5</b>  | Royalties  |                      |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents  | (i) Real             |                                    |                            |  |  |
|  |   |  | (ii) Personal        |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  | <b>b</b>  | Less: rental expenses  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>  | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss)  |                      |                                    |                            |  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory                         | (i) Securities       |                                    |                            |  |  |
|  |   |  | (ii) Other           |                                    |                            |  |  |
|  |   |  |                      | 103,365.                           |                            |  |  |
|  | <b>b</b>  | Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 103,231.                           |                            |  |  |
|  | <b>c</b>  | Gain or (loss)   | <b>7c</b>            | 134.                               |                            |  |  |
| <b>d</b>   | Net gain or (loss)  |  | 134.                 |                                    | 134.                       |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 132,770. of contributions reported on line 1c). See Part IV, line 18 |  |                      |                                    |                            |  |  |
|  |   |  | 15,813.              |                                    |                            |  |  |
|  |   |  | 29,611.              |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses   | <b>8b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events  |  | -13,798.             |                                    | -13,798.                   |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19   |  |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses   | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities   |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances   |  |                      |                                    |                            |  |  |
|  |   |  | 396.                 |                                    |                            |  |  |
|  |   |  | 0.                   |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold  | <b>10b</b>   |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory  |  | 396.                 |                                    | 396.                       |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>   | MISCELLANEOUS  | <b>Business Code</b> |                                    |                            |  |  |
|  |   |  | 900099               | 2,582.                             |                            | 2,582.   |  |
|  | <b>b</b>  |  |                      |                                    |                            |  |  |
|  | <b>c</b>  |  |                      |                                    |                            |  |  |
|  | <b>d</b>  | All other revenue  |                      |                                    |                            |  |  |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d   |  | 2,582.               |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions  |  | 128150149.           | 3,000.                             | 0.                         | -8,511.  |  |

**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 120,176,705.          | 120,176,705.                    |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 255,724.              | 51,333.                         | 162,994.                               | 41,397.                     |
| <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)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 1,749,836.            | 1,214,685.                      | 231,202.                               | 303,949.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 40,669.               | 26,848.                         | 7,103.                                 | 6,718.                      |
| <b>9</b> Other employee benefits  | 518,162.              | 311,292.                        | 126,042.                               | 80,828.                     |
| <b>10</b> Payroll taxes   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  |                       |                                 |  |                             |
| <b>c</b> Accounting   | 119,857.              |                                 | 119,857.                               |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 540,122.              | 309,329.                        | 161,157.                               | 69,636.                     |
| <b>12</b> Advertising and promotion   | 20,790.               | 8,650.                          | 528.                                   | 11,612.                     |
| <b>13</b> Office expenses   | 13,085.               | 8,272.                          | 4,265.                                 | 548.                        |
| <b>14</b> Information technology  |                       |                                 |  |                             |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 174,612.              | 138,178.                        | 18,714.                                | 17,720.                     |
| <b>17</b> Travel  | 3,423.                | 2,836.                          | 473.                                   | 114.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 22,912.               | 4,593.                          | 18,145.                                | 174.                        |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 139,957.              | 116,760.                        | 23,197.                                |                             |
| <b>23</b> Insurance   | 50,109.               | 24,078.                         | 19,431.                                | 6,600.                      |
| <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</b> <b>PRODUCE TRANSPORTATION</b>  | 135,750.              | 132,742.                        | 3,008.                                 |                             |
| <b>b</b> <b>SUPPLIES</b>  | 93,663.               | 60,526.                         | 22,596.                                | 10,541.                     |
| <b>c</b> <b>REPAIRS AND MAINTENANCE</b>   | 43,038.               | 39,733.                         | 3,305.                                 |                             |
| <b>d</b> <b>GRANT EXPENSES</b>  | 11,577.               | 11,577.                         |  |                             |
| <b>e</b> All other expenses   | 69,362.               | 21,957.                         | 23,509.                                | 23,896.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 124,179,353.          | 122,660,094.                    | 945,526.                               | 573,733.                    |
| <b>26</b> 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)

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|--|--|--------------------------|-------------|---------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 831,440.                 | <b>1</b>    | 525,848.            |
|  | <b>2</b> Savings and temporary cash investments .....  | 6,479,232.               | <b>2</b>    | 11,047,567.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 749,350.                 | <b>3</b>    | 581,389.            |
|  | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                     |
|  | <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 .....   |                          | <b>8</b>    |                     |
|  | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>    | 36,833.             |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,350,733.    |             |                     |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 602,067.      | 765,519.    | <b>10c</b> 748,666. |
|  | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   | 5,981.              |
|  | <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 .....   | 9,383.                   | <b>15</b>   | 9,383.              |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 8,834,924.   | <b>16</b>                | 12,955,667. |                     |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 19,704.                  | <b>17</b>   | 87,388.             |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                     |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                     |
|  | <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 .....  | 131,592.                 | <b>25</b>   | 213,855.            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 151,296.                 | <b>26</b>   | 301,243.            |
| <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 .....  | 5,127,494.               | <b>27</b>   | 10,317,007.         |
|  | <b>28</b> Net assets with donor restrictions .....   | 3,556,134.               | <b>28</b>   | 2,337,417.          |
|  | <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 .....  | 8,683,628.               | <b>32</b>   | 12,654,424.         |
| <b>33</b> Total liabilities and net assets/fund balances .....                   | 8,834,924.   | <b>33</b>                | 12,955,667. |                     |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 128,150,149. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 124,179,353. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 3,970,796.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 8,683,628.   |
| 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  | 0.           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 12,654,424.  |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | 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.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2c  | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| 3b  | 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     |     |    |

Form 990 (2021)

**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

**2021**

Open to Public  
Inspection

Name of the organization: **FOOD FORWARD, INC.** Employer identification number: **90-0678872**

**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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2017  | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 33527167. | 41234503. | 45962775. | 119118927 | 128155660 | 367999032 |
| <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 .....  | 33527167. | 41234503. | 45962775. | 119118927 | 128155660 | 367999032 |
| <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) ..... |           |           |           |           |           | 39319034. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 328679998 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017  | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 33527167. | 41234503. | 45962775. | 119118927 | 128155660 | 367999032                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 1,740.    | 2,100.    | 2,303.    | 2,948.    | 2,175.    | 11,266.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           | 22,556.   | 26,690.   | 16,378.   |           | 65,624.                  |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 6,125.    | 2,595.    | 2,818.    | 9,859.    | 2,978.    | 24,375.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 368100297                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        | 61,308.                  |
| <b>13 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>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b>                             | 89.29 | % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b>                             | 83.29 | % |
| <b>16a 33 1/3% support test - 2021.</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 checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2020.</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 - 2021.</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 - 2020.</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"/>            |       |   |

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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>  |     |    |
| <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>   |     |    |
| <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>   |     |    |
| <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>   |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>   |     |    |
| <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> |     |    |
| <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?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>  |     |    |
| <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>   |     |    |
| <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>  |     |    |
| <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>   |     |    |
| <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>  |     |    |
| <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>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <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). |   |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**FOOD FORWARD, INC.**

Employer identification number

**90-0678872**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

|   |   |
|---|---|
| Name of organization<br><b>FOOD FORWARD, INC.</b> | Employer identification number<br><b>90-0678872</b> |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/><br><hr/><br><hr/>           | \$ <u>8,537,311.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/><br><hr/><br><hr/>           | \$ <u>7,859,703.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/><br><hr/><br><hr/>           | \$ <u>7,367,725.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ <u>5,182,422.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/><br><hr/><br><hr/>           | \$ <u>4,177,550.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ <u>4,137,014.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>FOOD FORWARD, INC.</b> | Employer identification number<br><br><b>90-0678872</b> |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ <u>3,909,781.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ <u>2,951,153.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <hr/> <hr/> <hr/>                 | \$ <u>2,873,526.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <hr/> <hr/> <hr/>                 | \$ <u>2,575,120.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <hr/> <hr/> <hr/>                 | \$ <u>3,500,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>FOOD FORWARD, INC.</b> | Employer identification number<br><b>90-0678872</b> |
|---|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 1                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>8,537,311.</u>                            | <u>12/31/21</u>      |
| 2                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>7,859,703.</u>                            | <u>12/31/21</u>      |
| 3                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>7,367,725.</u>                            | <u>12/31/21</u>      |
| 4                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>5,182,422.</u>                            | <u>12/31/21</u>      |
| 5                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>4,177,550.</u>                            | <u>12/31/21</u>      |
| 6                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>4,137,014.</u>                            | <u>12/31/21</u>      |



|   |   |
|---|---|
| Name of organization<br><b>FOOD FORWARD, INC.</b> | Employer identification number<br><b>90-0678872</b> |
|---|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 7                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>3,909,781.</u>                            | <u>12/31/21</u>      |
| 8                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>2,951,153.</u>                            | <u>12/31/21</u>      |
| 9                            | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>2,873,526.</u>                            | <u>12/31/21</u>      |
| 10                           | FRESH PRODUCE<br>_____<br>_____<br>_____     | \$ <u>2,575,120.</u>                            | <u>12/31/21</u>      |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>FOOD FORWARD, INC.</b> | Employer identification number<br><br><b>90-0678872</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: FOOD FORWARD, INC. Employer identification number: 90-0678872

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,425,259.       |                |                    |                      |                     |
| b Contributions                                  | 487,463.         | 1,425,259.     |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 170.             |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,912,892.       | 1,425,259.     |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - 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                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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  |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land  |                                      |                                 |                              |                 |
| b Buildings  |                                      |                                 |                              |                 |
| c Leasehold improvements   |                                      | 469,932.                        | 100,750.                     | 369,182.        |
| d Equipment  |                                      | 268,932.                        | 89,546.                      | 179,386.        |
| e Other  |                                      | 611,869.                        | 411,771.                     | 200,098.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>748,666.</b> |

**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> (Col. (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> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>OTHER ACCRUED EXPENSE</b>  | 213,855.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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 ...

**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.

|   |   |    |        |              |
|---|---|----|--------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1      | 128,157,221. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |        |              |
| a | Net unrealized gains (losses) on investments                                    | 2a |        |              |
| b | Donated services and use of facilities  | 2b | 7,072. |              |
| c | Recoveries of prior year grants   | 2c |        |              |
| d | Other (Describe in Part XIII.)  | 2d |        |              |
| e | Add lines 2a through 2d   | 2e |        | 7,072.       |
| 3 | Subtract line 2e from line 1  | 3  |        | 128,150,149. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |        |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |        |              |
| b | Other (Describe in Part XIII.)  | 4b |        |              |
| c | Add lines 4a and 4b   | 4c |        | 0.           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |        | 128,150,149. |

**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.

|   |  |    |        |              |
|---|--|----|--------|--------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1      | 124,186,425. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |        |              |
| a | Donated services and use of facilities   | 2a | 7,072. |              |
| b | Prior year adjustments   | 2b |        |              |
| c | Other losses   | 2c |        |              |
| d | Other (Describe in Part XIII.)   | 2d |        |              |
| e | Add lines 2a through 2d  | 2e |        | 7,072.       |
| 3 | Subtract line 2e from line 1   | 3  |        | 124,179,353. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |        |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |        |              |
| b | Other (Describe in Part XIII.)   | 4b |        |              |
| c | Add lines 4a and 4b  | 4c |        | 0.           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |        | 124,179,353. |

**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.

**PART V, LINE 4:**

THE ORGANIZATION'S BOARD OF DIRECTORS ESTABLISHED AN OPERATING RESERVE POLICY AND FUND IN 2020 TO ENSURE THE STABILITY OF THE MISSION, PROGRAMS, EMPLOYMENT, AND ONGOING OPERATIONS OF THE ORGANIZATION. THE TARGET OPERATING RESERVE FUND BALANCE IS SIX MONTHS OF AVERAGE OPERATING COSTS FOR THE CURRENT YEAR'S OPERATING BUDGET AND IS RE-CALCULATED AFTER APPROVAL OF THE ANNUAL OPERATING BUDGET.

**PART X, LINE 2:**

THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D,

**Part XIII** Supplemental Information (continued)

RESPECTIVELY. THE ORGANIZATION FILES AN EXEMPT RETURN IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA.

SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION RETURNS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. DURING THE YEARS ENDED DECEMBER 31, 2021 AND 2020, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization

**FOOD FORWARD, INC.**

Employer identification number

**90-0678872**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations  
 b  Internet and email solicitations  
 c  Phone solicitations  
 d  In-person solicitations  
 e  Solicitation of non-government grants  
 f  Solicitation of government grants  
 g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
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|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|--------------|------------------------|--|
|                 |    | SPRING MELT<br>(event type)                                  | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 148,583.     |                        | 148,583.   |
|                 | 2  | Less: Contributions  | 132,770.     |                        | 132,770.   |
|                 | 3  | Gross income (line 1 minus line 2)                           | 15,813.      |                        | 15,813.  |
| Direct Expenses | 4  | Cash prizes  | 770.         |                        | 770.   |
|                 | 5  | Noncash prizes   | 12,395.      |                        | 12,395.  |
|                 | 6  | Rent/facility costs  |              |                        |  |
|                 | 7  | Food and beverages   |              |                        |  |
|                 | 8  | Entertainment  |              |                        |  |
|                 | 9  | Other direct expenses  | 16,446.      |                        | 16,446.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        | 29,611.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                        | -13,798.   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue  |   |   |   |
| Direct Expenses | 2 | Cash prizes  |   |   |   |
|                 | 3 | Noncash prizes   |   |   |   |
|                 | 4 | Rent/facility costs  |   |   |   |
|                 | 5 | Other direct expenses  |   |   |   |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

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\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**FOOD FORWARD, INC.**

Employer identification number  
**90-0678872**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 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 |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| YMCA<br>625 S. NEW HAMPSHIRE AVE.<br>LOS ANGELES, CA 90005              | 95-1644052 | PUBLIC CHARITY                  | 0.                       | 11,368,029.                      | FMV   | PRODUCE                               | FRESH PRODUCE DONATION             |
| MINISTERIO FARO DE LUZ<br>2202 CENTER ST<br>HUNTINGTON PARK, CA 90255   | 45-3414285 | PUBLIC CHARITY                  | 0.                       | 6,950,013.                       | FMV   | PRODUCE                               | FRESH PRODUCE DONATION             |
| HIGH DESERT SECOND CHANCE<br>16666 SMOKE TREE ST<br>HESPERIA, CA 92345  | 46-4690286 | PUBLIC CHARITY                  | 0.                       | 5,203,227.                       | FMV   | PRODUCE                               | FRESH PRODUCE DONATION             |
| MONTE SION CENTER<br>4405 E OLYMPIC BLVD<br>LOS ANGELES, CA 90023       | 95-4693541 | PUBLIC CHARITY                  | 0.                       | 4,798,337.                       | FMV   | PRODUCE                               | FRESH PRODUCE DONATION             |
| INLAND EMPIRE HEALTH PLAN<br>10806 6TH ST<br>RANCHO CUCAMONGA, CA 91730 | 81-2805974 | PUBLIC CHARITY                  | 0.                       | 4,189,554.                       | FMV   | PRODUCE                               | FRESH PRODUCE DONATION             |
| DREAM CENTER<br>2301 BELLEVUE AVE<br>LOS ANGELES, CA 90026              | 41-2269686 | PUBLIC CHARITY                  | 0.                       | 4,047,885.                       | FMV   | PRODUCE                               | FRESH PRODUCE DONATION             |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **188.**

**3** Enter total number of other organizations listed in the line 1 table ..... **7.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2021**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AMERICAN HEART ASSOCIATION<br>1000 W CARSON ST<br>TORRANCE, CA 90502     | 13-5613797 | PUBLIC CHARITY                | 0.                       | 3,705,783. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CHILDREN'S HUNGER FUND<br>13931 BALBOA BOULEVARD<br>SYLMAR, CA 91342     | 95-4335462 | PUBLIC CHARITY                | 0.                       | 3,624,691. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SEEDS OF HOPE<br>840 ECHO PARK AVENUE<br>LOS ANGELES, CA 90026           | 31-1629166 | PUBLIC CHARITY                | 0.                       | 3,395,467. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| INLAND HARVEST<br>1554 BARTON RD<br>REDLANDS, CA 92373                   | 33-0479589 | PUBLIC CHARITY                | 0.                       | 3,338,440. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ORANGE COUNTY FOOD BANK<br>11870 MONARCH ST<br>GARDEN GROVE, CA 92841    | 95-2452787 | PUBLIC CHARITY                | 0.                       | 3,210,796. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| MEND<br>10641 N SAN FERNANDO RD<br>PACOIMA, CA 91331                     | 23-7306337 | PUBLIC CHARITY                | 0.                       | 2,665,434. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NORTH VALLEY CARING SERVICES<br>15453 RAYEN ST<br>NORTH HILLS, CA 91343  | 95-4444561 | PUBLIC CHARITY                | 0.                       | 2,513,389. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CHRISTIAN FOOD CENTER<br>1101 E WASHINGTON BLVD<br>LOS ANGELES, CA 90021 | 95-4049610 | PUBLIC CHARITY                | 0.                       | 2,423,413. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WORLD HARVEST<br>3100 VENICE BLVD<br>LOS ANGELES, CA 90019               | 39-2064653 | PUBLIC CHARITY                | 0.                       | 2,372,924. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SOCIAL JUSTICE LEARNING INSTITUTE<br>600 CENTINELA AVE<br>INGLEWOOD, CA 90302 | 26-3413373 | PUBLIC CHARITY                | 0.                       | 2,018,996. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| PROYECTO PASTORAL<br>170 S GLESS ST<br>LOS ANGELES, CA 90033                  | 95-3213958 | PUBLIC CHARITY                | 0.                       | 1,981,988. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FOOD HELP<br>10909 NEW ST<br>DOWNEY, CA 90241                                 | 95-1803687 | PUBLIC CHARITY                | 0.                       | 1,963,018. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HOUSTON FOOD BANK<br>535 PORTWALL ST<br>HOUSTON, TX 77029                     | 74-2181456 | PUBLIC CHARITY                | 0.                       | 1,672,610. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WATT'S COMMUNITY CORE<br>9501 CERRITOS AVE UNIT 202<br>ANAHEIM, CA 92804      | 84-3477018 | PUBLIC CHARITY                | 0.                       | 1,574,384. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VEGAN OUTREACH<br>3053 FREEPORT BLVD #282<br>SACRAMENTO, CA 95818             | 86-0736818 | PUBLIC CHARITY                | 0.                       | 1,560,298. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| REACH 4 THE TOP, INC.<br>350 S K ST<br>OXNARD, CA 93030                       | 57-1236341 | PUBLIC CHARITY                | 0.                       | 1,522,431. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| MUSIC CHANGING LIVES<br>PO BOX 5160<br>MORENO VALLEY, CA 92554                | 58-2672644 | PUBLIC CHARITY                | 0.                       | 1,412,425. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| THREE SQUARE FOOD BANK<br>4190 N PECOS RD<br>LAS VEGAS, NV 89115              | 30-0396918 | PUBLIC CHARITY                | 0.                       | 1,379,557. FMV                    | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FOOTHILL UNITY<br>790 W. CHESTNUT AVENUE<br>MONROVIA, CA 91016            | 95-4310817 | PUBLIC CHARITY                | 0.                       | 1,332,406. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| COMMUNITY'S CHILID<br>18807 CRENSHAW PL<br>TORRANCE, CA 90504             | 20-2871854 | PUBLIC CHARITY                | 0.                       | 1,227,791. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VENICE FAMILY CLINIC<br>2509 W PICO BLVD<br>SANTA MONICA, CA 90405        | 95-2769432 | PUBLIC CHARITY                | 0.                       | 1,207,785. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| UTAH FOOD BANK<br>3150 S 900 W<br>SALT LAKE CITY, UT 84119                | 87-0212453 | PUBLIC CHARITY                | 0.                       | 1,138,528. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FOR THE LOVE OF OUR VETERANS<br>700 N BULLIS RD<br>COMPTON, CA 90221      | 46-3955040 | PUBLIC CHARITY                | 0.                       | 1,091,388. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| IMMANUEL PRESBYTERIAN CHURCH<br>663 S BERENDO ST<br>LOS ANGELES, CA 90005 | 95-1643330 | PUBLIC CHARITY                | 0.                       | 1,063,273. FMV                    |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VALLEY FOOD BANK<br>12701 VAN NUYS BLVD<br>PACOIMA, CA 91331              | 23-7278002 | PUBLIC CHARITY                | 0.                       | 933,870. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VIDA LIFE<br>11608 CEDAR AVE<br>BLOOMINGTON, CA 92316                     | 47-1281964 | PUBLIC CHARITY                | 0.                       | 932,776. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HEART OF COMPASSION<br>600 S MAPLE AVE<br>MONTEBELLO, CA 90640            | 42-1573926 | PUBLIC CHARITY                | 0.                       | 922,126. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREAT SHEPHERD OUTREACH<br>964 E BADILLO<br>COVINA, CA 91724   | 95-4208415 | PUBLIC CHARITY                | 0.                       | 903,719. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| MINISTERIOS MAHANAIM<br>2563 CLARENDON AVE<br>HUNTINGTON PARK, CA 90255  | 32-0179306 | PUBLIC CHARITY                | 0.                       | 875,419. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ANTELOPE VALLEY PARTNERS FOR<br>HEALTH - 44226 10TH ST W -<br>LANCASTER, CA 93534                              | 47-0957404 | PUBLIC CHARITY                | 0.                       | 863,655. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LOVE MORE<br>1616 S FLOWER ST<br>LOS ANGELES, CA 90015   | 84-2433645 | PUBLIC CHARITY                | 0.                       | 852,548. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CLARENCE E. MCLENDON MINISTRIES:<br>THE PLACE OF GRACE - 2543 WEST<br>MANCHESTER BLVD - INGLEWOOD, CA<br>90305 | 45-3153533 | PUBLIC CHARITY                | 0.                       | 834,530. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CHILDREN'S CLINIC OF LONG BEACH<br>701 E 28TH ST<br>LONG BEACH, CA 90806                                       | 95-1643332 | PUBLIC CHARITY                | 0.                       | 769,106. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LA-MS<br>2806 CLEARWATER ST<br>LOS ANGELES, CA 90039   | 38-3886677 | PUBLIC CHARITY                | 0.                       | 736,947. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| COMMUNITY ACTION OF VENTURA COUNTY<br>621 RICHMOND AVE<br>OXNARD, CA 93030                                     | 95-2408644 | PUBLIC CHARITY                | 0.                       | 710,916. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| IGLESA CALVARIO ASAMBLEAS DE DIOS<br>2955 SEQUOIA DR<br>SOUTH GATE, CA 90280                                   | 47-3591333 | PUBLIC CHARITY                | 0.                       | 685,557. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LA NEIGHBORHOOD LAND TRUST<br>7821 S AVALON ST<br>LOS ANGELES, CA 90003                                | 38-3687836 | PUBLIC CHARITY                | 0.                       | 670,010. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FOOD FOR CHRIST<br>8071 WHITAKER ST<br>BUENA PARK, CA 90621  | 30-0482826 | PUBLIC CHARITY                | 0.                       | 655,946. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| YOUNG NAK CELEBRATION CHURCH DBA<br>NEWSTORY CHURCH - 150 W JEFFERSON<br>BLVD - LOS ANGELES, CA 90007  | 91-2172342 | PUBLIC CHARITY                | 0.                       | 652,187. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| URBAN PARTNERS LOS ANGELES<br>2936 W 8TH ST<br>LOS ANGELES, CA 90005                                   | 95-4582297 | PUBLIC CHARITY                | 0.                       | 641,489. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WATT'S LABOR COMMUNITY ACTION<br>COMMITTEE (WLCAC) - 10950 S<br>CENTRAL AVE - LOS ANGELES, CA<br>90059 | 95-2412869 | PUBLIC CHARITY                | 0.                       | 641,233. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ALIANZA NACIONAL DE CAMPESINAS,<br>INC. - 69455 PIERCE ST - THERMAL,<br>CA 92274                       | 95-4611282 | PUBLIC CHARITY                | 0.                       | 586,887. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ADVENTIST HEALTH<br>1 ADVENTIST HEALTH WAY<br>ROSEVILLE, CA 95661                                      | 95-3484589 | PUBLIC CHARITY                | 0.                       | 577,567. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| THE KEY TO THE STREETS CORPORATION<br>8765 S HARVARD BLVD<br>LOS ANGELES, CA 90047                     | 85-1090288 | PUBLIC CHARITY                | 0.                       | 555,908. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FOOD BANK OF NORTHERN NEVADA<br>550 ITALY DR<br>SPARKS, NV 89437                                       | 94-2924979 | PUBLIC CHARITY                | 0.                       | 551,239. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALLIANCE GERTZ RESSLER<br>2023 S UNION AVE<br>LOS ANGELES, CA 90007                     | 47-2892698 | PUBLIC CHARITY                | 0.                       | 528,143. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| TEMPLO CALVARIO<br>2711 S HARBOR BLVD<br>SANTA ANA, CA 92704                            | 95-3672630 | PUBLIC CHARITY                | 0.                       | 511,940. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HOLLYWOOD FOOD COALITION<br>5939 HOLLYWOOD BLVD<br>LOS ANGELES, CA 90028                | 46-4079414 | PUBLIC CHARITY                | 0.                       | 503,869. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FREEDOM CHRISTIAN CENTER<br>13808 IMPERIAL HWY<br>SANTA FE SPRINGS, CA 90670            | 73-1653292 | PUBLIC CHARITY                | 0.                       | 494,507. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CALVARY CHAPEL DOWNEY<br>12808 WOODRUFF AVE<br>DOWNEY, CA 90242                         | 51-0200281 | PUBLIC CHARITY                | 0.                       | 487,891. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| BORDERLANDS FOOD BANK<br>270 W PRODUCE ROW<br>NOGALES, AZ 85621                         | 86-0804743 | PUBLIC CHARITY                | 0.                       | 485,867. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ST FRANCIS CENTER<br>1835 S HOPE ST<br>LOS ANGELES, CA 90015                            | 95-4479271 | PUBLIC CHARITY                | 0.                       | 469,469. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LONG BEACH CENTER FOR ECONOMIC<br>INCLUSION - 6509 GUNDRY AVE - LONG<br>BEACH, CA 90805 | 84-4693859 | PUBLIC CHARITY                | 0.                       | 462,352. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| OUR LADY OF THE HOLY ROSARY PARISH<br>7800 VINELAND AVE<br>SUN VALLEY, CA 91352         | 95-1916435 | PUBLIC CHARITY                | 0.                       | 448,685. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

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| LONG BEACH COMMUNITY TABLE<br>3166 OSTROM AVE<br>LONG BEACH, CA 90808       | 83-1361910 | PUBLIC CHARITY                | 0.                       | 425,680.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| UNITED FARM WORKERS OF AMERICA<br>PO BOX 62<br>KEENE, CA 93531              | 94-1448579 | PUBLIC CHARITY                | 0.                       | 418,024.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SALVATION ARMY<br>30840 HAWTHORNE BLVD.<br>RANCHO PALOS VERDES, CA 90275    | 94-1156347 | PUBLIC CHARITY                | 0.                       | 401,368.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SANTA BARBARA FOOD BANK<br>4554 HOLLISTER AVE<br>SANTA BARBARA, CA 93110    | 77-0169214 | PUBLIC CHARITY                | 0.                       | 396,696.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| COMPTON UNIFIED SCHOOL DISTRICT<br>429 S OLEANDER AVE<br>COMPTON, CA 90220  | 72-1576408 | PUBLIC CHARITY                | 0.                       | 389,339.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LABOR COMMUNITY SERVICES<br>2130 JAMES M WOOD BLVD<br>LOS ANGELES, CA 90006 | 95-4147259 | PUBLIC CHARITY                | 0.                       | 381,594.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SAN DIEGO FOOD BANK<br>9850 DISTRIBUTION AVE<br>SAN DIEGO, CA 92121         | 20-4374795 | PUBLIC CHARITY                | 0.                       | 375,717.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SBCC THRIVE<br>540 N. MARINE AVE.<br>WILMINGTON, CA 90744                   | 23-7360521 | PUBLIC CHARITY                | 0.                       | 372,594.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HUNGER RELIEF NETWORK<br>7318 S VERMONT AVE<br>LOS ANGELES, CA 90049        | 27-0558064 | PUBLIC CHARITY                | 0.                       | 365,953.                          | FMV   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| ORDER OF MALTA<br>1039 N BROADWAY<br>LOS ANGELES, CA 90012  | 23-7450840 | PUBLIC CHARITY                | 0.                       | 351,146. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| DESIGNATED EXCEPTIONAL SERVICES<br>FOR INDEPENDENCE - 4779 WHITTIER<br>BLVD - LOS ANGELES, CA 90022 | 90-0775966 | PUBLIC CHARITY                | 0.                       | 342,665. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SPIRIT OF SANTA PAULA<br>P.O. BOX 949<br>SANTA PAULA, CA 93061                                      | 27-0005506 | PUBLIC CHARITY                | 0.                       | 338,138. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| COMMUNITY WORSHIP CENTER<br>15709 S NORMANDIE AVE<br>GARDENA, CA 90247                              | 47-4625983 | PUBLIC CHARITY                | 0.                       | 321,065. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WEST VALLEY FOOD HUB<br>9200 OWENSMOUTH AVE<br>CHATSWORTH, CA 91311                                 | 95-6196006 | PUBLIC CHARITY                | 0.                       | 302,270. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| GOD'S PANTRY<br>4195 CHINO HILLS PKWY #144<br>CHINO HILLS, CA 91709                                 | 80-0902222 | PUBLIC CHARITY                | 0.                       | 300,011. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| API FORWARD MOVEMENT<br>1315 SPRING ST<br>LOS ANGELES, CA 90012                                     | 95-1716914 | PUBLIC CHARITY                | 0.                       | 285,220. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CHURCH OF THE RESURRECTION<br>3324 OPAL ST<br>LOS ANGELES, CA 90023                                 | 95-4559663 | PUBLIC CHARITY                | 0.                       | 283,944. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SIMI VALLEY COMMUNITY GARDEN<br>1636 SINALOA RD<br>SIMI VALLEY, CA 93065                            | 45-2624846 | PUBLIC CHARITY                | 0.                       | 280,643. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| LOVE MISSION<br>417 E 106 ST<br>LOS ANGELES, CA 90003                                    | 35-2558496 | PUBLIC CHARITY                | 0.                       | 233,880. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NEW EARTH<br>6001 BRISTOL PKWY<br>CULVER CITY, CA 90230                                  | 33-0705045 | PUBLIC CHARITY                | 0.                       | 226,227. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ACCION COMUNITARIA<br>913 CYPRESS AVE<br>LOS ANGELES, CA 90065                           | 66-0626041 |                               | 0.                       | 225,075. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| RISALA USA FOUNDATION DBA HARMONY<br>BITES - 5850 AVALON BLVD - LOS<br>ANGELES, CA 90003 | 85-1547057 | PUBLIC CHARITY                | 0.                       | 222,023. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FARMLINK PROJECT<br>325 ARNO WAY<br>PACIFIC PALISADES, CA 90272                          | 85-1398171 | PUBLIC CHARITY                | 0.                       | 217,376. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WARRIOR PANTRY<br>16007 CRENSHAW BLVD<br>TORRANCE, CA 90506                              | 95-3874302 | PUBLIC CHARITY                | 0.                       | 215,088. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HOUSE OF YAHWEH<br>4046 MARINE AVE<br>LAWDALE, CA 90260                                  | 95-3879208 | PUBLIC CHARITY                | 0.                       | 210,040. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| A PLACE CALLED HOME<br>2830 S CENTRAL AVE<br>LOS ANGELES, CA 90011                       | 95-4427291 | PUBLIC CHARITY                | 0.                       | 206,996. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ISLAMIC CENTER OF SOUTHERN<br>CALIFORNIA - 434 S VERMONT AVE -<br>LOS ANGELES, CA 90020  | 95-3502914 | PUBLIC CHARITY                | 0.                       | 203,935. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| HARBOR CITY FOOD PANTRY<br>1034 W 252ND ST<br>HARBOR CITY, CA 90710   | 86-2181461 | PUBLIC CHARITY                | 0.                       | 182,498. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| IMPERIAL VALLEY FOOD BANK<br>486 ATEN RD<br>IMPERIAL, CA 92251  | 83-1547019 | PUBLIC CHARITY                | 0.                       | 174,017. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| PEOPLE ORGANIZED FOR WESTSIDE<br>RENEWAL - 4959 W ADAMS BLVD - LOS ANGELES, CA 90017                            | 65-1208274 | PUBLIC CHARITY                | 0.                       | 173,007. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| COMMUNITY PARTNERS<br>1000 N. ALAMEDA ST., SUITE 240<br>LOS ANGELES, CA 90012                                   | 95-4302067 | PUBLIC CHARITY                | 0.                       | 172,311. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VALLEY VIEW COMMUNITY FOOD BANK<br>10771 W PEORIA AVE<br>SUN CITY, AZ 85351                                     | 77-0696933 | PUBLIC CHARITY                | 0.                       | 164,601. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HOPE ON UNION: UNITED UNIVERSITY<br>CHURCH - 2208 S UNION AVE - LOS ANGELES, CA 90007                           | 95-3775859 | PUBLIC CHARITY                | 0.                       | 163,513. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HUNGER ACTION LA<br>961 S MARIPOSA AVENUE UNIT 205<br>LOS ANGELES, CA 90006                                     | 20-5142259 | PUBLIC CHARITY                | 0.                       | 163,060. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CITY OF BALDWIN PARK - TERI G.<br>MUSE FAMILY SERVICE CENTER - 14305<br>E MORGAN ST - BALDWIN PARK, CA<br>91706 | 47-5435073 | PUBLIC CHARITY                | 0.                       | 152,021. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| IGLESIA DE CRISTO EL TABERNACULO<br>DE FE MLLF - 8726 HASKELL AVE -<br>NORTH HILLS, CA 91343                    | 45-3081538 | PUBLIC CHARITY                | 0.                       | 151,192. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| SECOND SAMOAN CONGREGATIONAL CHURCH - 655 CEDAR AVE - LONG BEACH, CA 90802   | 95-3502347 | PUBLIC CHARITY                | 0.                       | 138,508. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CHILD CARE RESOURCE CENTER<br>15126 RAYMER ST<br>VAN NUYS, CA 91405  | 95-3081695 | PUBLIC CHARITY                | 0.                       | 135,408. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LUNDQUIST INSTITUTE SOUTH LOS ANGELES HEALTH PROJECTS - WIC PROGRAM - 250 E MANCHESTER AVE - LOS ANGELES, CA 90003 | 95-2138184 | PUBLIC CHARITY                | 0.                       | 131,757. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FLAGSTAFF FAMILY FOOD CENTER<br>3805 E HUNTINGTON DR<br>FLAGSTAFF, AZ 86004  | 86-0754044 | PUBLIC CHARITY                | 0.                       | 126,446. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 555 W GOLD HILL RD - NOGALES, AZ 85621                                   | 51-0192519 | PUBLIC CHARITY                | 0.                       | 123,983. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| MAKING IT HAPPEN / SUNLAND FOOD PANTRY - 11120 ORO VISTA AVE - SUNLAND, CA 91040                                   | 38-3922699 | PUBLIC CHARITY                | 0.                       | 115,879. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CORNUCOPIA SERVICES<br>21515 HAWTHORNE BLVD<br>TORRANCE, CA 90503  | 34-1991587 | PUBLIC CHARITY                | 0.                       | 112,428. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| DAYS LONG BEACH<br>1230 E WARDLOW RD<br>LONG BEACH, CA 90807   | 33-0851176 | PUBLIC CHARITY                | 0.                       | 107,144. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CREATIVE HOUSING & SERVICES<br>123 S CATALINA AVE<br>REDONDO BEACH, CA 90277                                       | 33-0204306 | PUBLIC CHARITY                | 0.                       | 103,566. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| GIRLS CLUB LOS ANGELES<br>2057 W CENTURY BLVD<br>LOS ANGELES, CA 90047   | 23-7203822 | PUBLIC CHARITY                | 0.                       | 100,897. FMV                      |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| RUBEN CASTRO CHARITIES<br>5700 CONDOR DR<br>MOORPARK, CA 93021   | 47-2176562 | PUBLIC CHARITY                | 0.                       | 97,485. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LONG BEACH FORWARD INC. (GREATER<br>LONG BEACH MUTUAL AID NETWORK) -<br>425 ATLANTIC AVE - LONG BEACH, CA<br>90802 | 85-1047927 |                               | 0.                       | 95,224. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SANTA MONICA FOOD PANTRY AT<br>VIRGINIA AVENUE PARK - 2200<br>VIRGINIA AVE - SANTA MONICA, CA<br>90404             | 95-6000790 | PUBLIC CHARITY                | 0.                       | 94,956. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FIRST SOUTHERN BAPTIST CHURCH OF<br>SYLMAR (VALLEY HUNGER RELIEF) -<br>13261 GLENOAKS BLVD - SYLMAR, CA<br>91342   | 93-0899645 | PUBLIC CHARITY                | 0.                       | 92,088. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SAINT MARK CATHOLIC CHURCH<br>940 COEUR D ALENE AVE<br>VENICE, CA 90291  | 95-1691309 | PUBLIC CHARITY                | 0.                       | 90,334. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ARMADA UNIFIED<br>2851 SANTA FE AVE<br>LOS ANGELES, CA 90810   | 85-4311030 | PUBLIC CHARITY                | 0.                       | 87,452. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| EMBRACE CHURCH<br>PO BOX 1032<br>OXNARD, CA 93032  | 62-1401488 | PUBLIC CHARITY                | 0.                       | 87,019. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| UNION DE VECINOS<br>E 2ND ST & S CHICAGO ST<br>LOS ANGELES, CA 90033   | 52-2076978 | PUBLIC CHARITY                | 0.                       | 85,086. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| SIKH CENTER OF ORANGE COUNTY<br>2530 W WARNER AVE<br>SANTA ANA, CA 92704  | 33-0623859 | PUBLIC CHARITY                | 0.                       | 79,795. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CENTRAL CALIFORNIA FOOD BANK<br>4010 E AMENDOLA DR<br>FRESNO, CA 93725  | 77-0320851 | PUBLIC CHARITY                | 0.                       | 78,760. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HELP ME HELP YOU<br>620 W 16TH ST<br>LONG BEACH, CA 90813   | 71-0898124 | PUBLIC CHARITY                | 0.                       | 78,441. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FRIENDS OUTSIDE IN LOS ANGELES<br>711 E HYDE PARK BLVD<br>INGLEWOOD, CA 90302   | 95-3557032 | PUBLIC CHARITY                | 0.                       | 77,215. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CRENSHAW PROJECT (CRENSHAW FOOD PROGRAM) - 4030 S MUIRFIELD RD - LOS ANGELES, CA 90008                                  | 46-0741918 |                               | 0.                       | 76,286. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| GRASS ROOTS NEIGHBORS<br>8600 TUSCANY AVE UNIT 206<br>PLAYA DEL REY, CA 90293   | 84-1784513 | PUBLIC CHARITY                | 0.                       | 75,244. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HOPE-NET FOOD PANTRY AT FOUNDERS METROPOLITAN COMMUNITY CHURCH, LOS ANGELES - 4607 PROSPECT AVE - LOS ANGELES, CA 90027 | 95-2742102 | PUBLIC CHARITY                | 0.                       | 70,036. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VARIETY BOYS & GIRLS CLUB<br>2530 CINCINNATI ST<br>LOS ANGELES, CA 90033  | 95-1919219 | PUBLIC CHARITY                | 0.                       | 68,702. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| PACIFIC CLINICS HEAD START<br>171 N ALTADENA DR<br>PASADENA, CA 91107   | 95-1644034 | PUBLIC CHARITY                | 0.                       | 66,647. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| STARS<br>500 E VILLA ST<br>PASADENA, CA 91101                              | 95-4847950 | PUBLIC CHARITY                | 0.                       | 65,222. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| BROTHERHOOD - REACHH<br>50802 280TH ST W<br>LANCASTER, CA 93536            | 46-4511895 | PUBLIC CHARITY                | 0.                       | 64,195. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WE HELP INC.<br>1330 E 16TH ST<br>LONG BEACH, CA 90813                     | 30-1199326 | PUBLIC CHARITY                | 0.                       | 61,302. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| UCI4COLA<br>6264 ADOBE CIRCLE RD S<br>IRVINE, CA 92617                     | 20-3337458 |                               | 0.                       | 59,786. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FEAST<br>3655 S GRAND AVE<br>LOS ANGELES, CA 90007                         | 46-4312265 | PUBLIC CHARITY                | 0.                       | 59,449. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CATHOLIC CHARITIES<br>1531 JAMES M WOOD BOULEVARD<br>LOS ANGELES, CA 90015 | 95-1690973 | PUBLIC CHARITY                | 0.                       | 58,259. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| MALIKAH (LA CHAPTER)<br>1624 BANK ST<br>SOUTH PASADENA, CA 91030           | 47-1277862 | PUBLIC CHARITY                | 0.                       | 56,082. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| GARDEN SCHOOL FOUNDATION<br>2055 W 24TH ST<br>LOS ANGELES, CA 90018        | 20-3023426 | PUBLIC CHARITY                | 0.                       | 53,202. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CALVARY COMMUNITY CHURCH<br>5495 VIA ROCAS<br>WESTLAKE VILLAGE, CA 91362   | 95-3222271 | PUBLIC CHARITY                | 0.                       | 44,476. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

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| SAVES PANTRY<br>3850 JASMINE AVE<br>CULVER CITY, CA 90232                                   | 95-4725770 | PUBLIC CHARITY                | 0.                       | 44,387. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ADELANTE COMUNIDAD CONEJO<br>1000 E JANS RD<br>THOUSAND OAKS, CA 91360                      | 83-4279835 | PUBLIC CHARITY                | 0.                       | 44,200. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CAMARILLO SEVENTH DAY ADVENTIST<br>FOOD PANTRY - 3975 LAS POSAS RD -<br>CAMARILLO, CA 93010 | 95-3008315 | PUBLIC CHARITY                | 0.                       | 41,473. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ETTA<br>13034 SATICOY ST<br>LOS ANGELES, CA 91605   | 95-4308644 | PUBLIC CHARITY                | 0.                       | 40,606. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FOOD NOT BOMBS<br>PO BOX 424<br>ARROYO SECO, NM 87514                                       | 45-4549583 | PUBLIC CHARITY                | 0.                       | 40,373. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FOOD FINDERS INC<br>10539 HUMBOLT ST<br>LOS ALAMITOS, CA 90720                              | 33-0412749 | PUBLIC CHARITY                | 0.                       | 39,883. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| THE KARSH CENTER<br>3750 W 6TH ST<br>LOS ANGELES, CA 90020                                  | 81-2974850 | PUBLIC CHARITY                | 0.                       | 35,813. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| BIG SUNDAY<br>611 MELROSE AVE<br>LOS ANGELES, CA 90038                                      | 42-1765317 | PUBLIC CHARITY                | 0.                       | 32,696. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FRIENDS OF FIELDWORKERS<br>148 WILD OAK ST<br>OJAI, CA 93023                                | 47-4817644 | PUBLIC CHARITY                | 0.                       | 29,592. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618      | 32-0362611 | PUBLIC CHARITY                | 0.                       | 27,605. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ALMA BACKYARD FARMS<br>804 E COMPTON BLVD<br>RANCHO DOMINGUEZ, CA 90220             | 46-3516486 | PUBLIC CHARITY                | 0.                       | 27,231. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VEGGIE RESCUE<br>PO BOX 1651<br>SANTA YNEZ, CA 93460                                | 45-1797788 | PUBLIC CHARITY                | 0.                       | 26,528. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LA COMMUNITY FRIDGE<br>5730 CAHUENGA BLVD<br>NORTH HOLLYWOOD, CA 91601              | 30-1282019 |                               | 0.                       | 26,034. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NOURISH LA<br>PO BOX 661582<br>LOS ANGELES, CA 90066                                | 85-3528222 | PUBLIC CHARITY                | 0.                       | 25,960. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LET'S BE WHOLE<br>550 W 127TH ST<br>LOS ANGELES, CA 90009                           | 91-2148633 | PUBLIC CHARITY                | 0.                       | 25,789. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| BIENESTAR HUMAN SERVICES<br>5326 E BEVERLY BLVD<br>LOS ANGELES, CA 90022            | 95-4505737 | PUBLIC CHARITY                | 0.                       | 25,189. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CELEBRATION NATION INC<br>500 N JUANITA<br>OXNARD, CA 93030                         | 85-0510391 | PUBLIC CHARITY                | 0.                       | 24,811. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| DISABILITY COMMUNITY RESOURCE<br>CENTER - 12901 VENICE BLVD - LOS ANGELES, CA 90066 | 95-3013310 | PUBLIC CHARITY                | 0.                       | 24,033. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TURNING POINT FOUNDATION<br>557 E THOMPSON BLVD<br>VENTURA, CA 93001         | 77-0213467 | PUBLIC CHARITY                | 0.                       | 22,420. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| PLAZA COMMUNITY CENTER, INC<br>4018 CITY TERRACE DR<br>LOS ANGELES, CA 90063 | 95-1691302 | PUBLIC CHARITY                | 0.                       | 21,775. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ST. JOSEPH CENTER<br>204 HAMPTON DR<br>VENICE, CA 90291                      | 95-3874381 | PUBLIC CHARITY                | 0.                       | 21,756. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LUCHA - PODER POPULAR<br>1008 HILLSIDE DR<br>SANTA PAULA, CA 93060           | 95-3400870 | PUBLIC CHARITY                | 0.                       | 21,167. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NOHO HOME ALLIANCE<br>11031 CAMARILLO ST<br>NORTH HOLLYWOOD, CA 91602        | 82-4768699 | PUBLIC CHARITY                | 0.                       | 19,311. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| THE RIVER COMMUNITY CHURCH<br>859 E SANTA CLARA ST<br>VENTURA, CA 93001      | 95-6151457 | PUBLIC CHARITY                | 0.                       | 19,250. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| STUDENT LUNCHBOX<br>9000 OVERLAND AVE<br>CULVER CITY, CA 90230               | 85-2482031 | PUBLIC CHARITY                | 0.                       | 18,489. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VALLEY VINEYARD CHURCH FOOD PANTRY<br>6642 RESEDA BLVD<br>RESEDA, CA 91335   | 95-3419526 | PUBLIC CHARITY                | 0.                       | 16,839. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LOVE MY NEIGHBOR FOUNDATION<br>620 E 7TH ST<br>LOS ANGELES, CA 90021         | 47-2840545 | PUBLIC CHARITY                | 0.                       | 16,769. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE PEOPLE'S BODEGA<br>755 N VIRGIL AVE<br>LOS ANGELES, CA 90029                              | 85-0691596 |                               | 0.                       | 16,719. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| BREAD HEAD<br>12906 VENICE BLVD<br>VENICE, CA 90066   | 81-4597057 | PUBLIC CHARITY                | 0.                       | 15,784. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| OPEN COLLECTIVE FOUNDATION<br>340 S. LEMON AVENUE, #3717<br>WALNUT, CA 91789                  | 81-4004928 | PUBLIC CHARITY                | 0.                       | 15,586. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SOVA<br>330 N. FAIRFAX AVE.<br>LOS ANGELES, CA 90036  | 95-1691013 | PUBLIC CHARITY                | 0.                       | 15,170. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VENTURA SEVENTH-DAY ADVENTIST<br>CHURCH - 6300 TELEPHONE RD -<br>VENTURA, CA 93003            | 90-0737221 | PUBLIC CHARITY                | 0.                       | 15,126. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| C STREET FAMILY PLAN<br>619 W 1ST ST<br>OXNARD, CA 93030                                      | 45-5375933 | PUBLIC CHARITY                | 0.                       | 15,059. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| PEOPLES GROCERY PROGRAM/MERCADO<br>LIBRE DEL PUEBLO - 1206 E 17TH ST<br>- SANTA ANA, CA 92701 | 80-0721174 |                               | 0.                       | 14,819. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| HEALTH MATTERS CLINIC<br>1360 S FIGUEROA ST<br>LOS ANGELES, CA 90015                          | 85-3784250 | PUBLIC CHARITY                | 0.                       | 14,388. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| OASIS OF HOLLYWOOD<br>4150 MONROE ST<br>HOLLYWOOD, CA 90029                                   | 84-0619755 | PUBLIC CHARITY                | 0.                       | 14,204. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PACIFIC BLUE ORGANICS<br>PO BOX 55162<br>LONG BEACH, CA 90805                                      | 85-3444326 | PUBLIC CHARITY                | 0.                       | 14,188. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| REVIVAL POWER MINISTRIES<br>14553 DELANO ST<br>VAN NUYS, CA 91411                                  | 91-2162688 | PUBLIC CHARITY                | 0.                       | 13,953. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FRIENDS IN DEED<br>444 E WASHINGTON BLVD<br>PASADENA, CA 91114                                     | 95-1644608 | PUBLIC CHARITY                | 0.                       | 13,685. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| VINTAGE FAITH CULVER CITY<br>12668 W WASHINGTON AVE<br>LOS ANGELES, CA 90064                       | 85-3704891 | PUBLIC CHARITY                | 0.                       | 13,486. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NEW CHALLENGE MINISTRIES<br>18801 CRENSHAW PL<br>TORRANCE, CA 90504                                | 95-3647339 | PUBLIC CHARITY                | 0.                       | 13,090. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ICNA RELIEF USA<br>505 E COMMONWEALTH AVE<br>FULLERTON, CA 92832                                   | 04-3810161 | PUBLIC CHARITY                | 0.                       | 12,611. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| A NEW WAY OF LIFE REENTRY PROJECT<br>9512 S CENTRAL AVE<br>LOS ANGELES, CA 90002                   | 95-4782503 | PUBLIC CHARITY                | 0.                       | 11,386. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| THE FIRST CHURCH OF THE NAZARENE<br>OF PASADENA - 3700 E SIERRA MADRE<br>BLVD - PASADENA, CA 91107 | 95-1729619 | PUBLIC CHARITY                | 0.                       | 10,355. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SU CASA - ENDING DOMESTIC VIOLENCE<br>3750 E. ANAHEIM ST NO 100<br>LONG BEACH, CA 90804            | 95-3495175 | PUBLIC CHARITY                | 0.                       | 10,266. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LOVE WITHOUT BORDERS OUTREACH MINISTRY INC. - 140 S OAK ST - SANTA PAULA, CA 93060                  | 85-0581534 | PUBLIC CHARITY                | 0.                       | 10,242. FMV                       |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| REWRITE CORPORATION<br>22919 MARIPOSA AVE<br>TORRANCE, CA 90502                                     | 84-3736981 | PUBLIC CHARITY                | 0.                       | 8,753. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SELAH NEIGHBORHOOD HOMELESS COALITION - 2930 HYPERION AVE - LOS ANGELES, CA 90027                   | 83-2538392 | PUBLIC CHARITY                | 0.                       | 8,712. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| RESTORE VENTURA<br>572 N VENTURA AVE<br>VENTURA, CA 93001   | 45-3010479 | PUBLIC CHARITY                | 0.                       | 8,551. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LINDAVE INSTITUTE<br>515 ECHANDIA ST<br>LOS ANGELES, CA 90033                                       | 46-2780086 | PUBLIC CHARITY                | 0.                       | 8,087. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| ASSOCIATED MOTHERS IN ACTION<br>1302 W 137TH ST<br>COMPTON, CA 90222                                | 95-4279962 | PUBLIC CHARITY                | 0.                       | 7,640. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| WEST VALLEY FOOD PANTRY (AT THE PRINCE OF PEACE CHURCH) - 5700 RUDNICK AVE - LOS ANGELES, CA 91367  | 95-3349988 | PUBLIC CHARITY                | 0.                       | 7,169. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| LOS ANGELES COUNTY/USC MEDICAL CENTER AUXILIARY AKA CARES - 1200 N STATE ST - LOS ANGELES, CA 90033 | 23-7036745 | PUBLIC CHARITY                | 0.                       | 7,096. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| FEED OUR SOUL<br>3656 HOMEWAY DR<br>LOS ANGELES, CA 90008   | 83-4723089 | PUBLIC CHARITY                | 0.                       | 7,053. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CITY OF BELL<br>6330 PINE AVE<br>BELL, CA 90201  | 95-6000677 | PUBLIC CHARITY                | 0.                       | 6,879. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| BOYS AND GIRLS CLUB OF SIMI VALLEY<br>2850 LEMON DR<br>SIMI VALLEY, CA 93063           | 95-2811018 | PUBLIC CHARITY                | 0.                       | 6,641. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| CRESCENT FOOD BANK<br>404 4TH ST<br>SANTA ANA, CA 92701                                | 46-2842230 | PUBLIC CHARITY                | 0.                       | 6,045. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| RONALD MCDONALD HOUSE<br>4560 FOUNTAIN AVE<br>LOS ANGELES, CA 90027                    | 95-3167869 | PUBLIC CHARITY                | 0.                       | 5,889. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SHEPHERD'S PANTRY<br>657 ARROW HIGHWAY UNIT J<br>GLENDORA, CA 91740                    | 20-8277679 | PUBLIC CHARITY                | 0.                       | 5,585. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| SOCIAL IMPACT CENTER<br>4625 SYLMAR AVE 202<br>SHERMAN OAKS, CA 91423                  | 92-4992072 | PUBLIC CHARITY                | 0.                       | 5,175. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NORTHEAST LOS ANGELES COMMUNITY<br>INC - 2000 MERTON AVE - LOS<br>ANGELES, CA 90041    | 85-3523466 | PUBLIC CHARITY                | 0.                       | 5,075. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |
| NORTH HOLLYWOOD INTERFAITH FOOD<br>PANTRY - 4390 COLFAX AVE - STUDIO<br>CITY, CA 91604 | 95-2653387 | PUBLIC CHARITY                | 0.                       | 5,014. FMV                        |   | PRODUCE                                | FRESH PRODUCE DONATION             |

Schedule I (Form 990)

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
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**Part IV**

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

**PART I, LINE 2:**

**FOR ANY GRANTS AND ASSISTANCE PROVIDED BY FOOD FORWARD, INC., WE CONDUCT DUE DILIGENCE TO ENSURE THAT THE DONATION RECIPIENT IS FULFILLING A CHARITABLE PURPOSE TO DISTRIBUTE PRODUCE FREE OF CHARGE TO COMMUNITY MEMBERS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FOOD FORWARD, INC.**

Employer identification number

**90-0678872**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes                                 | No                                  |
|-----------|-------------------------------------|-------------------------------------|
|           |                                     |                                     |
| <b>1b</b> |                                     |                                     |
| <b>2</b>  |                                     |                                     |
|           |                                     |                                     |
| <b>4a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4c</b> |                                     | <input checked="" type="checkbox"/> |
|           |                                     |                                     |
| <b>5a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5b</b> |                                     | <input checked="" type="checkbox"/> |
|           |                                     |                                     |
| <b>6a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6b</b> |                                     | <input checked="" type="checkbox"/> |
|           |                                     |                                     |
| <b>7</b>  | <input checked="" type="checkbox"/> |                                     |
|           |                                     |                                     |
| <b>8</b>  |                                     | <input checked="" type="checkbox"/> |
|           |                                     |                                     |
| <b>9</b>  |                                     |                                     |

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

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) RICHARD NAHMIA<br>FOUNDER/CEO | 149,287.   | 3,143.                              | 0.                                  | 4,462.   | 8,697.                  | 165,589.                        | 0.  |
|                                   | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                   |  |                                     |                                     |  |                         |                                 |   |
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|                                   |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8; and for Part II. Also complete this part for any additional information.

**PART I, LINE 7:**

**RICHARD NAHMIA RECEIVED A DISCRETIONARY BONUS OF \$3,143. THE DISCRETIONARY AMOUNT WAS DETERMINED BY THE BOARD OF DIRECTORS.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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.

Name of the organization: **FOOD FORWARD, INC.** Employer identification number: **90-0678872**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                               | X                          |   | 1,658.   | FMV   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 6   | 103,365.   | FMV   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 1,200   | 120,148,249.   | FAIR VALUE - GAAP   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other (BOXES)   | X                          | 8   | 11,290.  | FMV   |
| 26 Other (SOFTWARE SUBS)                                     | X                          | 37  | 8,572.   | FMV   |
| 27 Other (AUCTION ITEMS)                                     | X                          | 11  | 4,960.   | FMV   |
| 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** **2**

- 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF DONORS.

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FOOD FORWARD, INC.

Employer identification number

90-0678872

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIS ABUNDANCE WITH PEOPLE IN NEED AND INSPIRING OTHERS TO DO THE SAME.

FORM 990, PART III, LINE 1

IN CALIFORNIA, 1 IN 5 HOUSEHOLDS ARE FOOD INSECURE. AT THE SAME TIME,

35 PERCENT OF THE FOOD PRODUCED IN THE U.S. IS UNSOLD OR UNEATEN EACH

YEAR. AS WASTED FOOD DECOMPOSES IN LANDFILLS, IT PRODUCES METHANE,

DAMAGING THE ENVIRONMENT AND CONTRIBUTING TO CLIMATE CHANGE. JUST ONE

THIRD OF THE FOOD WE THROW AWAY COULD FEED EVERY FOOD INSECURE PERSON

IN THE COUNTRY. THIS IS AN UNIMAGINABLE DISPARITY THAT WE CAN EASILY

ADDRESS WITH FOOD RECOVERY AND FOOD WASTE PREVENTION.

THE CORONAVIRUS (COVID-19) PANDEMIC HAS HAD A SIGNIFICANT IMPACT ON

DAILY LIFE IN THE U.S., INCLUDING IN SOUTHERN CALIFORNIA. THE ECONOMIC

IMPACTS CAUSED A DRAMATIC INCREASE IN FOOD INSECURITY AND MAJOR

DISRUPTIONS TO THE FOOD SUPPLY CHAIN. IT ALSO HIGHLIGHTED THE EXISTING

SYSTEMIC INEQUITIES IN ACCESS TO FRESH, HEALTHY FOOD AND THE HIGH RATES

OF ONGOING FOOD INSECURITY. INCREASED PUBLIC ATTENTION TO THE NEED TO

ADDRESS FOOD INSECURITY PUT FOOD FORWARD IN A UNIQUE POSITION TO

RESPOND TO THE CRISIS. AS A RESULT, IN 2020 FOOD FORWARD EXPANDED ITS

OPERATIONS TO RECOVER AND DISTRIBUTE MORE PRODUCE THAN EVER IN ITS

HISTORY. FOOD FORWARD EXPANDED ITS WORKFORCE AND SCALE OF OPERATIONS TO

AGAIN INCREASE THE AMOUNT OF RECOVERED PRODUCE DISTRIBUTED TO

COMMUNITIES. FOOD FORWARD DISTRIBUTED 67 MILLION POUNDS OF FRESH

PRODUCE IN 2021 ALONE NEARLY TWO AND A HALF TIMES MORE THAN THE

ORGANIZATION DELIVERED TO HUNDREDS OF FOOD INSECURE COMMUNITIES IN

2019. AS OF 2022, FOOD FORWARD NOW DISTRIBUTES AN AVERAGE OF 250,000

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

Schedule O (Form 990) 2021

132211 11-11-21



|  |  |
|--|--|
| Name of the organization<br>FOOD FORWARD, INC. | Employer identification number<br>90-0678872 |
|--|--|

POUNDS OF FOOD EACH DAY ENOUGH PRODUCE TO SUPPLY OVER 150,000

INDIVIDUALS WITH THEIR FIVE DAILY SERVINGS OF FRUITS AND VEGETABLES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND ACCOUNTING, THE CEO, COO, CDO, AND AUDIT COMMITTEE. A COPY IS SHARED WITH BOARD MEMBERS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

IT IS THE POLICY OF FOOD FORWARD THAT ITS DIRECTORS, OFFICERS, KEY EMPLOYEES, AND DESIGNATED COMMITTEE MEMBERS PROMPTLY AND FULLY DISCLOSE ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST, THAT NO SENIOR LEADERS VOTE ON OR OTHERWISE ATTEMPT TO UNDULY INFLUENCE ANY DECISION BY FOOD FORWARD IN ANY MATTERS IN WHICH THEY HAVE A CONFLICT OF INTEREST, THAT FOOD FORWARD FOLLOW A DISCIPLINED, DOCUMENTED PROCESS IN MAKING DECISIONS ABOUT SUCH MATTERS, AND THAT FOOD FORWARD COMPLY WITH ALL APPLICABLE LEGAL REQUIREMENTS RELATING TO SUCH MATTERS.

WITH REGARD TO AN EMPLOYEE, THE CHIEF EXECUTIVE OFFICER WILL DETERMINE THE APPROPRIATE RESPONSE BY FOOD FORWARD IN LINE WITH THE PRINCIPLES SET OUT IN THIS POLICY, INCLUDING, WITHOUT LIMITATION, REVIEW BY THE BOARD. WITH REGARD TO A DIRECTOR OR OFFICER, A DESIGNATED COMMITTEE MEMBER, OR ON EMPLOYEE MATTERS REFERRED TO IT BY THE CHIEF EXECUTIVE OFFICER, THE BOARD WILL DETERMINE THE APPROPRIATE RESPONSE BY FOOD FORWARD IN LIGHT OF THE NATURE OF THE CONFLICT.

IN ALL SITUATIONS CALLING FOR DISCLOSURE, THE INTERESTED SENIOR LEADER

|  |  |
|--|--|
| Name of the organization<br>FOOD FORWARD, INC. | Employer identification number<br>90-0678872 |
|--|--|

SHALL ABSTAIN FROM VOTING OR OTHERWISE UNDULY INFLUENCING THE DECISION OTHER THAN BY MAKING THE REQUIRED DISCLOSURE AND PROVIDING ANY OTHER INFORMATION REQUESTED BY THE DECISION-MAKERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINED THE CEO'S COMPENSATION BASED UPON A SALARY SURVEY CONDUCTED BY AN INDEPENDENT CONSULTANT THAT CONTAINED COMPARABILITY DATA, WHICH WAS REVIEWED BY THE BOARD BEFORE VOTING TO APPROVE THE COMPENSATION AT A REGULAR MEETING OF THE BOARD. THE CEO WAS EXCLUDED FROM DELIBERATIONS AND VOTING ON THIS MATTER ACCORDING TO APPLICABLE POLICY.

COMPENSATION REVIEW FOR SENIOR EXECUTIVES, OFFICERS AND KEY EMPLOYEES IS OUTLINED IN FOOD FORWARD'S COMPENSATION REVIEW POLICY. PER THE POLICY, THE BOARD'S EXECUTIVE COMMITTEE SHALL GATHER RESEARCH AND INFORMATION FROM RELIABLE SOURCES INCLUDING, BUT NOT LIMITED TO, FOOD FORWARD'S HUMAN RESOURCES EXECUTIVE, CONSULTANTS, AND FELLOW BOARD MEMBERS. DATA RELIED UPON MAY INCLUDE, BUT IS NOT LIMITED TO:

- A. SALARY AND BENEFIT SURVEYS BY INDEPENDENT SOURCES,
- B. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS,
- C. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS, AND
- D. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

|   |   |
|---|---|
| Name of the organization<br><b>FOOD FORWARD, INC.</b> | Employer identification number<br><b>90-0678872</b> |
|---|---|

PART VI, LINE 13

THE ORGANIZATION ADOPTED A WHISTLEBLOWER POLICY IN 2022. THE IMPLEMENTED POLICY SETS OUT THE PRINCIPLES AND PROCESSES FOR EMPLOYEES AND DIRECTORS TO REPORT ACTIVITIES BELIEVED TO BE ILLEGAL, DISHONEST, UNETHICAL OR OTHERWISE IMPROPER.

FORM 990, PART VI, LINE 13

THE ORGANIZATION ADOPTED A WHISTLEBLOWER POLICY DURING FISCAL YEAR 12/31/22. EVERY ASSOCIATE IS ENCOURAGED TO REPORT UNDER THIS POLICY ANY CONCERNS ABOUT ANY FOOD FORWARD ACTIVITIES THAT HE OR SHE BELIEVES, IN GOOD FAITH, TO BE ILLEGAL, UNETHICAL, QUESTIONABLE, OR CONTRARY TO FOOD FORWARD POLICIES.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>FOOD FORWARD, INC.</b>                               | Taxpayer identification number (TIN)<br><br><b>90-0678872</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>7412 FULTON AVENUE, 3</b>                       |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NORTH HOLLYWOOD, CA 91605</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**RICHARD NAHMIA**

- The books are in the care of ▶ **7412 FULTON AVE, NO 3 - NORTH HOLLYWOOD, CA 91605**

Telephone No. ▶ **(818) 764-1022** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.