

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>FOOD FORWARD, INC.</b>		<b>D</b> Employer identification number <b>90-0678872</b>
	Doing business as		<b>E</b> Telephone number <b>(818) 764-1022</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>147,272,614.</b>
	<b>7412 FULTON AVENUE</b>	<b>3</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NORTH HOLLYWOOD, CA 91605</b>		<b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>RICHARD NAHMIA</b> <b>7412 FULTON AVENUE, NO 3, NORTH HOLLYWOOD, C</b>		<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>HTTPS://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>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FOOD FORWARD(R) IS THE NATION'S LARGEST INDEPENDENT URBAN PRODUCE RECOVERY ORGANIZATION.</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>50</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1220</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 128,155,660.	<b>Current Year</b> 146,947,355.
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,000.	92,233.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,309.	159,922.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,820.	15,588.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	128,150,149.	147,215,098.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,176,705.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,564,391.	3,168,478.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		953,241.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,438,257.	2,018,486.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	124,179,353.	144,104,133.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,970,796.	3,110,965.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 12,955,667.	<b>End of Year</b> 16,985,422.
	<b>21</b> Total liabilities (Part X, line 26)	301,243.	1,220,033.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	12,654,424.	15,765,389.

## 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		Date		
	<b>RICHARD NAHMIA, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>LAUREN A. HAVERLOCK</b>	<i>Lauren</i>	<b>10/16/23</b>	<input type="checkbox"/>	<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 \$ 139,103,112. including grants of \$ 136,958,369. ) (Revenue \$ 83,308. ) THE WHOLESALE PRODUCE RECOVERY PROGRAM COLLECTS SURPLUS PRODUCE BY THE PALLET AND TRUCKLOAD DIRECTLY FROM WHOLESALE PRODUCE VENDORS, DISTRIBUTORS, AND GROWERS AND DONATES IT 100% FREE OF CHARGE TO HUNDREDS OF HUNGER RELIEF AGENCIES. THESE PARTNERS RANGE FROM FOOD BANKS TO PANTRIES, SHELTERS, AFTERSCHOOL PROGRAMS, AND MANY MORE.

4b (Code: ) (Expenses \$ 2,924,123. including grants of \$ 1,958,800. ) (Revenue \$ 8,925. ) COMMUNITY PROGRAMS RECOVERS PRODUCE IN TWO KEY WAYS. THE BACKYARD HARVEST TEAM MOBILIZES THOUSANDS OF VOLUNTEERS ANNUALLY TO HARVEST SURPLUS FRUIT FROM PRIVATE RESIDENCES, COMMERCIAL PROPERTIES, AND PUBLIC ORCHARDS, AND THEN DONATES 100% OF THE HARVEST TO ORGANIZATIONS SERVING PEOPLE EXPERIENCING FOOD INSECURITY. THE FARMERS MARKET RECOVERY TEAM ORGANIZES VOLUNTEERS AT LOCAL FARMERS MARKETS TO COLLECT UNSOLD PRODUCE FROM VENDORS TO DONATE TO ORGANIZATIONS SERVING PEOPLE EXPERIENCING FOOD INSECURITY.

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

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

4e Total program service expenses 142,027,235.

**Part IV Checklist of Required Schedules**

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

**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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</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>24d</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? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD NAHMIA FOUNDER/CEO	50.00	X		X				198,707.	0.	15,006.
(2) JENNIFER COX CHIEF DEVELOPMENT OFFICER	48.00					X		130,085.	0.	10,886.
(3) DIANE HELFREY DIRECTOR OF FINANCE & ACCOUNTING	48.00			X				115,700.	0.	11,483.
(4) AMIR ZAMBRANO MANAGING DIRECTOR OF PROGRAMS	50.00					X		120,883.	0.	3,533.
(5) ROBERT VALENCIA BOARD CHAIR	8.00	X		X				0.	0.	0.
(6) CHRISTY REMEY CHIN TREASURER	3.00	X		X				0.	0.	0.
(7) MARK RHEIN SECRETARY	2.00	X		X				0.	0.	0.
(8) JASON CRAYNE BOARD MEMBER	5.00	X						0.	0.	0.
(9) CRYSTAL L. FRIERSON BOARD MEMBER (THRU 06/16/22)	1.00	X						0.	0.	0.
(10) JEDD GOLD BOARD MEMBER	2.00	X						0.	0.	0.
(11) CAROL GOLDSTEIN BOARD MEMBER	4.00	X						0.	0.	0.
(12) NEIL HALTRECHT BOARD MEMBER	2.00	X						0.	0.	0.
(13) JEFF HARRIS BOARD MEMBER	4.00	X						0.	0.	0.
(14) CARLA HEER BOARD MEMBER	1.00	X						0.	0.	0.
(15) SCOTT JARUS BOARD MEMBER	5.00	X						0.	0.	0.
(16) BRIAN LAZARUS BOARD MEMBER (AS OF 9/1/22)	2.00	X						0.	0.	0.
(17) SHARI LEINWAND BOARD MEMBER	8.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONELLA WILSON BOARD MEMBER (AS OF 9/1/22)	1.00	X						0.	0.	0.
(19) BETTY ZAMORANO-PEDREGON BOARD MEMBER	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								565,375.	0.	40,908.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								565,375.	0.	40,908.

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 4

	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) Name and business address	(B) Description of services	(C) Compensation
LG BUILDERS, 7633 VARNA AVE., SUITE H, NORTH HOLLYWOOD, CA 91605	LEASEHOLD IMPROVEMENTS	186,680.
JOSE ROQUE (GUERRERO REFRIGERATION) 1735E 71ST, LOS ANGELES, CA 90001	LEASEHOLD IMPROVEMENTS	160,167.
SUPPORTING STRATEGIES, 1240 ROSECRANS AVE, SUITE 120, MANHATTAN BEACH, CA 90266	ACCOUNTING	138,899.

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 3



**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>	137,384.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	244,416.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	146,565,555.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 139,007,291.				
	<b>h Total.</b> Add lines 1a-1f		146947355.				
Program Service Revenue	<b>2 a</b> OTHER PROGRAM SERVICE REVENUE	<b>Business Code</b>					
		900099	83,308.			83,308.	
	<b>b</b> PRIVATE PICKS	110000	8,925.			8,925.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		92,233.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		167,567.			167,567.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(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	<b>7a</b>	(i) Securities	38,247.	1,400.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	37,860.	9,432.			
	<b>c</b> Gain or (loss)	<b>7c</b>	387.	-8,032.			
	<b>d</b> Net gain or (loss)			-7,645.		-7,645.	
<b>8 a</b> Gross income from fundraising events (not including \$ 137,384. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		25,019.				
<b>b</b> Less: direct expenses	<b>8b</b>	10,224.					
<b>c</b> Net income or (loss) from fundraising events			14,795.		14,795.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		160.				
<b>b</b> Less: cost of goods sold	<b>10b</b>	0.					
<b>c</b> Net income or (loss) from sales of inventory			160.		160.		
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>					
		900099	633.			633.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			633.				
<b>12 Total revenue.</b> See instructions			147215098.	0.	0.	267,743.	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	138,917,169.	138,917,169.		
<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	340,896.	68,388.	201,983.	70,525.
<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	2,270,999.	1,479,872.	292,948.	498,179.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,361.	20,372.	7,310.	3,679.
<b>9</b> Other employee benefits	312,052.	211,227.	50,871.	49,954.
<b>10</b> Payroll taxes	213,170.	126,886.	40,187.	46,097.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,956.		1,956.	
<b>c</b> Accounting	222,087.		222,087.	
<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.)	622,513.	386,063.	126,104.	110,346.
<b>12</b> Advertising and promotion	31,295.	5,783.	5,619.	19,893.
<b>13</b> Office expenses	115,807.	78,620.	18,562.	18,625.
<b>14</b> Information technology	100,769.	50,285.	36,600.	13,884.
<b>15</b> Royalties				
<b>16</b> Occupancy	153,144.	124,777.	10,858.	17,509.
<b>17</b> Travel	17,478.	13,459.	3,481.	538.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	43,455.	9,885.	27,447.	6,123.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	182,225.	155,910.	19,296.	7,019.
<b>23</b> Insurance	113,921.	80,658.	31,839.	1,424.
<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>	223,472.	223,472.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	190,364.	74,409.	26,509.	89,446.
<b>25</b> Total functional expenses. Add lines 1 through 24e	144,104,133.	142,027,235.	1,123,657.	953,241.
<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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	525,848.	<b>1</b>	130,771.
	<b>2</b> Savings and temporary cash investments .....	11,047,567.	<b>2</b>	235,397.
	<b>3</b> Pledges and grants receivable, net .....	581,389.	<b>3</b>	358,647.
	<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 .....	36,833.	<b>9</b>	82,804.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,721,374.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 742,441.	748,666.	<b>10c</b> 978,933.
	<b>11</b> Investments - publicly traded securities .....	5,981.	<b>11</b>	14,276,368.
	<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>	922,502.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,955,667.	<b>16</b>	16,985,422.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	87,388.	<b>17</b>	351,221.
	<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 .....	213,855.	<b>25</b>	868,812.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	301,243.	<b>26</b>	1,220,033.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,317,007.	<b>27</b>	14,556,759.
	<b>28</b> Net assets with donor restrictions .....	2,337,417.	<b>28</b>	1,208,630.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 .....	12,654,424.	<b>32</b>	15,765,389.
<b>33</b> Total liabilities and net assets/fund balances .....	12,955,667.	<b>33</b>	16,985,422.	

**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	147,215,098.
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,104,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,110,965.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,654,424.
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	15,765,389.

**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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>FOOD FORWARD, INC.</b>	Employer identification number <b>90-0678872</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	41234503.	45935914.	119098448	128086410	146947355	481302630
<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 .....	41234503.	45935914.	119098448	128086410	146947355	481302630
<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) .....						31972120.
<b>6 Public support.</b> Subtract line 5 from line 4.						449330510

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	41234503.	45935914.	119098448	128086410	146947355	481302630
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,100.	2,303.	2,948.	2,175.	167,567.	177,093.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	22,556.	26,690.	16,378.	0.	0.	65,624.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,595.	2,818.	9,859.	2,978.	793.	19,043.
<b>11 Total support.</b> Add lines 7 through 10						481564390
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	140,524.
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.31	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	89.29	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 ( <i>explain in detail in Part VI</i> ):		
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	

<b>Section C - Distributable Amount</b>			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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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.)

Horizontal lines for supplemental information input.

**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

**2022**

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 <b>FOOD FORWARD, INC.</b>	Employer identification number <b>90-0678872</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,258,403.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,879,916.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,238,455.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOOD FORWARD, INC.</b>	Employer identification number <b>90-0678872</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	FRESH PRODUCE _____ _____ _____	\$ <u>4,258,403.</u>	<u>12/31/22</u>
<u>2</u>	FRESH PRODUCE _____ _____ _____	\$ <u>3,879,916.</u>	<u>12/31/22</u>
<u>4</u>	FRESH PRODUCE _____ _____ _____	\$ <u>3,238,455.</u>	<u>12/31/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>FOOD FORWARD, INC.</b>	Employer identification number  <b>90-0678872</b>
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**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	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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**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	1,913,072.	1,425,259.			
b Contributions	753,038.	487,643.	1,425,259.		
c Net investment earnings, gains, and losses	26,159.	170.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	30.				
g End of year balance	2,692,239.	1,913,072.	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		862,593.	144,144.	718,449.
d Equipment		277,135.	146,872.	130,263.
e Other		581,646.	451,425.	130,221.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				978,933.

**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) DEPOSITS	9,383.
(2) RIGHT OF USE ASSETS - OPERATING LEASE	913,119.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	922,502.

**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) OPERATING LEASE LIABILITIES	868,812.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	868,812.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	147,238,083.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	22,985.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22,985.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	147,215,098.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	147,215,098.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	144,127,118.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	22,985.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22,985.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	144,104,133.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	144,104,133.

**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 MINIMUM OPERATING RESERVE FUND BALANCE IS SIX MONTHS OF AVERAGE OPERATING COSTS FOR THE CURRENT FISCAL YEAR'S CASH-BASIS 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, 2022 AND 2021, 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**  
 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.

OMB No. 1545-0047

**2022**

**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			
<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 (add col. (a) through col. (c))
		SPRING MELT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	162,403.		162,403.
	2	Less: Contributions	137,384.		137,384.
	3	Gross income (line 1 minus line 2)	25,019.		25,019.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,183.		5,183.
	7	Food and beverages	2,598.		2,598.
	8	Entertainment	140.		140.
	9	Other direct expenses	2,303.		2,303.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				14,795.

**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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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:
- |                                      |  |            |   |
|--------------------------------------|--|------------|---|
| <b>a</b> The organization's facility |  | <b>13a</b> | % |
| <b>b</b> An outside facility         |  | <b>13b</b> | % |
- 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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\_\_\_\_\_

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**Part IV** Supplemental Information *(continued)*

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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

**2022**

**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 625 S. NEW HAMPSHIRE AVE LOS ANGELES, CA 90005	95-1644052	501(C)(3)	0.	12,043,651.	FMV	PRODUCE	FRESH PRODUCE DONATION
INLAND EMPIRE HEALTH PLAN 10806 6TH ST RANCHO CUCAMONGA, CA 91730	36-5021477	501(C)(3)	0.	10,362,428.	FMV	PRODUCE	FRESH PRODUCE DONATION
MINISTERIO FARO DE LUZ 2202 CENTER ST HUNTINGTON PARK, CA 90255	45-3414285	501(C)(3)	0.	9,145,413.	FMV	PRODUCE	FRESH PRODUCE DONATION
FARMLINK PROJECT 325 ARNO WAY PACIFIC PALISADES, CA 90272	85-1398171	501(C)(3)	0.	8,932,428.	FMV	PRODUCE	FRESH PRODUCE DONATION
MONTE SION CENTER 4405 E OLYMPIC BLVD LOS ANGELES, CA 90023	95-4603541	501(C)(3)	0.	6,673,052.	FMV	PRODUCE	FRESH PRODUCE DONATION
HIGH DESERT SECOND CHANCE 16666 SMOKE TREE B#4 HESPERIA, CA 92345	46-4690286	501(C)(3)	0.	6,045,437.	FMV	PRODUCE	FRESH PRODUCE DONATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **176.**
- 3 Enter total number of other organizations listed in the line 1 table ..... **2.**

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	41-2269686	501(C)(3)	0.	5,615,708.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHRISTIAN FOOD CENTER 1355 E WASHINGTON BLVD LOS ANGELES, CA 90021	95-4049610	501(C)(3)	0.	4,883,871.	FMV	PRODUCE	FRESH PRODUCE DONATION
AMERICAN HEART ASSOCIATION 816 S FIGUEROA STREET LOS ANGELES, CA 90017	13-5613797	501(C)(3)	0.	3,984,789.	FMV	PRODUCE	FRESH PRODUCE DONATION
SEEDS OF HOPE 840 ECHO PARK AVE LOS ANGELES, CA 90026	31-1629166	501(C)(3)	0.	3,193,317.	FMV	PRODUCE	FRESH PRODUCE DONATION
MEND 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501(C)(3)	0.	2,990,100.	FMV	PRODUCE	FRESH PRODUCE DONATION
WORLD HARVEST 3100 VENICE BLVD LOS ANGELES, CA 90019	39-2064653	501(C)(3)	0.	2,986,817.	FMV	PRODUCE	FRESH PRODUCE DONATION
INLAND HARVEST 317 FELIA CT REDLANDS, CA 92373	33-0479589	501(C)(3)	0.	2,816,026.	FMV	PRODUCE	FRESH PRODUCE DONATION
CALVARY CHAPEL OF DOWNEY 12808 WOODRUFF AVE DOWNEY, CA 90242	51-0200281	501(C)(3)	0.	2,369,445.	FMV	PRODUCE	FRESH PRODUCE DONATION
WATTS COMMUNITY CORE 9501 CERRITOS AVE. #202 ANAHEIM, CA 92804	84-3477018	501(C)(3)	0.	2,284,627.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH VALLEY CARING SERVICES 15453 RAYEN ST NORTH HILLS, CA 91343	95-4444561	501(C)(3)	0.	2,251,461.	FMV	PRODUCE	FRESH PRODUCE DONATION
GODS PANTRY 4195 CHINO HILLS PKWY #144 CHINO HILLS, CA 91709	80-0902222	501(C)(3)	0.	2,200,020.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNITED FARM WORKERS OF AMERICA PO BOX 62 KEENE, CA 93531	94-1448579	501(C)(3)	0.	2,137,459.	FMV	PRODUCE	FRESH PRODUCE DONATION
SOCIAL JUSTICE LEARNING INSTITUTE 600 CENTINELA AVE INGLEWOOD, CA 90302	26-3413373	501(C)(3)	0.	2,052,643.	FMV	PRODUCE	FRESH PRODUCE DONATION
TEMPLO CALVARIO 2501 W 5TH STREET SANTA ANA, CA 92703	95-3672630	501(C)(3)	0.	1,988,840.	FMV	PRODUCE	FRESH PRODUCE DONATION
HEART OF COMPASSION 600 SOUTH MAPLE AVE MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0.	1,860,924.	FMV	PRODUCE	FRESH PRODUCE DONATION
TRINITY HARVEST PO BOX 1258 LITTLE ROCK, CA 93543	30-0997331	501(C)(3)	0.	1,553,677.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY ACTION OF VENTURA COUNTY 621 RICHMOND AVE OXNARD, CA 93030	95-2408644	501(C)(3)	0.	1,412,563.	FMV	PRODUCE	FRESH PRODUCE DONATION
MUSIC CHANGING LIVES 4775 N SIERRA WAY SAN BERNARDINO, CA 92420	58-2672644	501(C)(3)	0.	1,310,327.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROYECTO PASTORAL 170 S GLESS ST LOS ANGELES, CA 90033	95-3213958	501(C)(3)	0.	1,260,298.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY'S CHILD 18807 CRENSHAW PLACE TORRANCE, CA 90504	20-2871854	501(C)(3)	0.	1,248,182.	FMV	PRODUCE	FRESH PRODUCE DONATION
VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	0.	1,176,653.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOTHILL UNITY CENTER 790 W CHESTNUT AVE MONROVIA, CA 91016	95-4310817	501(C)(3)	0.	1,147,108.	FMV	PRODUCE	FRESH PRODUCE DONATION
GREAT SHEPHERD OUTREACH 964 EAST BADILLO COVINA, CA 91724	95-4208415	501(C)(3)	0.	1,124,648.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD FOR CHRIST 8071 WHITAKER ST BUENA PARK, CA 90621	30-0482826	501(C)(3)	0.	1,096,967.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE COMMUNITY OUTREACH. NO USA 1920 W CHESTNUT AVE SANTA ANA, CA 92703	95-4575842	501(C)(3)	0.	1,072,861.	FMV	PRODUCE	FRESH PRODUCE DONATION
MINISTERIOS MAHANAIM 2563 CLARENDON AVE HUNTINGTON PARK, CA 90255	32-0179306	501(C)(3)	0.	1,028,738.	FMV	PRODUCE	FRESH PRODUCE DONATION
IMMANUEL PRESBYTERIAN CHURCH 663 S BERENDO ST LOS ANGELES, CA 90005	95-1643330	501(C)(3)	0.	1,009,346.	FMV	PRODUCE	FRESH PRODUCE DONATION

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ORGANIZACION DE LIDERES CAMPESINAS 319 LAMBERT AVE OXNARD, CA 93036	95-4611282	501(C)(3)	0.	989,220.	FMV	PRODUCE	FRESH PRODUCE DONATION
ANTELOPE VALLEY PARTNERS FOR HEALTH - 44226 10TH ST W - LANCASTER, CA 93534	47-0957404	501(C)(3)	0.	941,121.	FMV	PRODUCE	FRESH PRODUCE DONATION
CLARENCE E. MCCLENDON MINISTRIES: THE PLACE OF GRACE - 2543 WEST MANCHESTER BLVD - INGLEWOOD, CA 90305	45-3153533	501(C)(3)	0.	934,201.	FMV	PRODUCE	FRESH PRODUCE DONATION
SPIRIT OF SANTA PAULA 1498 E HARVARD BLVD SANTA PAULA, CA 93060	27-0005506	501(C)(3)	0.	862,161.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHILDREN'S CLINIC OF LONG BEACH 701 E 28TH ST SUITE 200 LONG BEACH, CA 90806	95-1643332	501(C)(3)	0.	858,653.	FMV	PRODUCE	FRESH PRODUCE DONATION
HOLLYWOOD FOOD COALITION 5939 HOLLYWOOD BLVD LOS ANGELES, CA 90028	46-4079414	501(C)(3)	0.	833,810.	FMV	PRODUCE	FRESH PRODUCE DONATION
IGLESIA CALVARIO ASAMBLEAS DE DIOS 2955 SEQUOIA DR SOUTH GATE, CA 90280	47-3591333	501(C)(3)	0.	791,987.	FMV	PRODUCE	FRESH PRODUCE DONATION
LA-MAS 2806 CLEARWATER ST. LOS ANGELES, CA 90039	38-3886677	501(C)(3)	0.	773,316.	FMV	PRODUCE	FRESH PRODUCE DONATION
LA NEIGHBORHOOD LAND TRUST 1689 BEVERLY BLVD LOS ANGELES, CA 90026	38-3687836	501(C)(3)	0.	707,196.	FMV	PRODUCE	FRESH PRODUCE DONATION

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HOLY ROSARY CHURCH 7800 VINELAND AVE SUN VALLEY, CA 91353	95-1916435	501(C)(3)	0.	702,205.	FMV	PRODUCE	FRESH PRODUCE DONATION
WATTS LABOR COMMUNITY ACTION COMMITTEE (WLCAC) - 10950 S CENTRAL AVENUE - LOS ANGELES, CA 90059	95-2412869	501(C)(3)	0.	643,536.	FMV	PRODUCE	FRESH PRODUCE DONATION
UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	0.	638,033.	FMV	PRODUCE	FRESH PRODUCE DONATION
BRIGHTER BITES 5600 RICKENBACKER RD BELL, CA 90201	47-4070026	501(C)(3)	0.	630,668.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE MORE 1616 S FLOWER ST LOS ANGELES, CA 90015	84-2433645	501(C)(3)	0.	621,034.	FMV	PRODUCE	FRESH PRODUCE DONATION
HUNGER RELIEF NETWORK 7318 S VERMONT AVE LOS ANGELES, CA 90044	27-0558064	501(C)(3)	0.	614,628.	FMV	PRODUCE	FRESH PRODUCE DONATION
VIDA LIFE 11608 CEDAR AVE BLOOMINGTON, CA 92316	47-1281964	501(C)(3)	0.	612,227.	FMV	PRODUCE	FRESH PRODUCE DONATION
LONG BEACH CENTER FOR ECONOMIC INCLUSION - 6509 GUNDRY AVE - LONG BEACH, CA 90805	84-4693859	501(C)(3)	0.	575,351.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD HELP 10909 NEW STREET DOWNEY, CA 90241	95-1803687	501(C)(3)	0.	499,000.	FMV	PRODUCE	FRESH PRODUCE DONATION

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ST FRANCIS CENTER 1835 S HOPE LOS ANGELES, CA 90015	95-4479271	501(C)(3)	0.	496,468.	FMV	PRODUCE	FRESH PRODUCE DONATION
LONG BEACH COMMUNITY TABLE 3166 OSTROM AVE LONG BEACH, CA 90808	83-1361910	501(C)(3)	0.	471,329.	FMV	PRODUCE	FRESH PRODUCE DONATION
VEGAN OUTREACH 3053 FREEPORT BLVD #282 SACRAMENTO, CA 95818	86-0736818	501(C)(3)	0.	462,835.	FMV	PRODUCE	FRESH PRODUCE DONATION
ORDER OF MALTA 1039 N BROADWAY LOS ANGELES, CA 90012	23-7450840	501(C)(3)	0.	447,481.	FMV	PRODUCE	FRESH PRODUCE DONATION
LABOR COMMUNITY SERVICES 2130 JAMES M WOOD BLVD LOS ANGELES, CA 90006	95-4147259	501(C)(3)	0.	444,157.	FMV	PRODUCE	FRESH PRODUCE DONATION
ACCION COMUNITARIA 913 CYPRESS AVE LOS ANGELES, CA 90065	66-0626041	501(C)(3)	0.	437,311.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHURCH OF RESURRECTION 3324 OPAL ST LOS ANGELES, CA 90023	95-4559663	501(C)(3)	0.	409,177.	FMV	PRODUCE	FRESH PRODUCE DONATION
HOPE ON UNION: UNITED UNIVERSITY CHURCH - 2208 S UNION AVE - LOS ANGELES, CA 90007	95-3775859	501(C)(3)	0.	387,629.	FMV	PRODUCE	FRESH PRODUCE DONATION
VALLEY FOOD BANK 12701 VAN NUYS BLVD PACOIMA, CA 91331	23-7278002	501(C)(3)	0.	352,353.	FMV	PRODUCE	FRESH PRODUCE DONATION

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SOVA 330 N. FAIRFAX AVE. LOS ANGELES, CA 90036	95-1691013	501(C)(3)	0.	352,136.	FMV	PRODUCE	FRESH PRODUCE DONATION
SBCC THRIVE LA 540 N. MARINE AVENUE WILMINGTON, CA 90744	23-7360521	501(C)(3)	0.	341,092.	FMV	PRODUCE	FRESH PRODUCE DONATION
SIKH CENTER OF ORANGE COUNTY 2530 W WARNER AVE SANTA ANA, CA 92704	33-0623859	501(C)(3)	0.	340,856.	FMV	PRODUCE	FRESH PRODUCE DONATION
PEOPLE ORGANIZED FOR WESTSIDE RENEWAL - 4959 W ADAMS BLVD - LOS ANGELES, CA 90017	65-1208274	501(C)(3)	0.	336,036.	FMV	PRODUCE	FRESH PRODUCE DONATION
SALVATION ARMY 30840 HAWTHORNE BLVD. RANCHO PALOS VERDES, CA 90275	94-1156347	501(C)(3)	0.	330,516.	FMV	PRODUCE	FRESH PRODUCE DONATION
CSUN FOUNDATION 18111 NORDHOFF ST NORTHRIDGE, CA 91330	95-6196006	501(C)(3)	0.	318,397.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE MISSION 417 E 106 ST LOS ANGELES, CA 90003	35-2558496	501(C)(3)	0.	306,121.	FMV	PRODUCE	FRESH PRODUCE DONATION
API FORWARD MOVEMENT 1315 SPRING ST. LOS ANGELES, CA 90012	95-1716914	501(C)(3)	0.	300,862.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVE LONG BEACH, CA 90813	95-3557056	501(C)(3)	0.	288,484.	FMV	PRODUCE	FRESH PRODUCE DONATION

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SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	0.	274,867.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD BANK OF NORTHERN NEVADA 550 ITALY DR SPARKS, NV 89437	94-2924979	501(C)(3)	0.	270,027.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY WORSHIP CENTER 15709 S. NORMANDIE AVE GARDENA, CA 90247	47-4625983	501(C)(3)	0.	260,980.	FMV	PRODUCE	FRESH PRODUCE DONATION
DESIGNATED EXCEPTIONAL SERVICES FOR INDEPENDENCE - 4779 WHITTIER BLVD. - LOS ANGELES, CA 90022	90-0775966	501(C)(3)	0.	245,747.	FMV	PRODUCE	FRESH PRODUCE DONATION
REACH 4 THE TOP, INC. 350 K ST OXNARD, CA 93030	57-1236341	501(C)(3)	0.	244,397.	FMV	PRODUCE	FRESH PRODUCE DONATION
NEW STORY CHURCH 150 W JEFFERSON BLVD LOS ANGELES, CA 90007	91-2172342	501(C)(3)	0.	243,671.	FMV	PRODUCE	FRESH PRODUCE DONATION
WARRIOR PANTRY 16007 CRENSHAW BLVD. TORRANCE, CA 90506	95-3874302	501(C)(3)	0.	235,903.	FMV	PRODUCE	FRESH PRODUCE DONATION
MUTUAL AID ACTION LOS ANGELES 2515 W 7TH ST LOS ANGELES, CA 90057	20-5142259	501(C)(3)	0.	223,336.	FMV	PRODUCE	FRESH PRODUCE DONATION
HOUSE OF YAHWEH 4046 MARINE AVE LAWNDALE, CA 90260	95-3879208	501(C)(3)	0.	195,656.	FMV	PRODUCE	FRESH PRODUCE DONATION

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ISLAMIC CENTER OF SOUTHERN CALIFORNIA - 434 S. VERMONT AVE - LOS ANGELES, CA 90020	95-3502914	501(C)(3)	0.	193,125.	FMV	PRODUCE	FRESH PRODUCE DONATION
EL CAMINO A CRISTO ADVENTISTA DEL SPTIMO DA - 6300 STAFFORD AVE - HUNTINGTON PARK, CA 90255	90-0615522	501(C)(3)	0.	175,513.	FMV	PRODUCE	FRESH PRODUCE DONATION
GREATER LONG BEACH MUTUAL AID NETWORK - 425 ATLANTIC AVE - LONG BEACH, CA 90802	85-1047927	501(C)(3)	0.	166,716.	FMV	PRODUCE	FRESH PRODUCE DONATION
DAYS LONG BEACH 1230 E WARDLOW ROAD LONG BEACH, CA 90807	33-0851176	501(C)(3)	0.	157,849.	FMV	PRODUCE	FRESH PRODUCE DONATION
HELP ME HELP YOU 620 W 16TH STREET LONG BEACH, CA 90813	71-0898124	501(C)(3)	0.	157,329.	FMV	PRODUCE	FRESH PRODUCE DONATION
STUDENT LUNCHBOX 9000 OVERLAND AVE CULVER CITY, CA 90230	85-2482031	501(C)(3)	0.	142,305.	FMV	PRODUCE	FRESH PRODUCE DONATION
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVE LOS ANGELES, CA 90011	95-4427291	501(C)(3)	0.	135,604.	FMV	PRODUCE	FRESH PRODUCE DONATION
SECOND SAMOAN CONGREGATIONAL CHURCH - 655 CEDAR AVE - LONG BEACH, CA 90802	95-3502347	501(C)(3)	0.	129,627.	FMV	PRODUCE	FRESH PRODUCE DONATION
ANTELOPE VALLEY DREAM CENTER 43145 BUSINESS CENTER PARKWAY LANCASTER, CA 93535	36-4764965	501(C)(3)	0.	119,775.	FMV	PRODUCE	FRESH PRODUCE DONATION

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CORNUCOPIA SERVICES 21515 HAWTHORNE BLVD TORRANCE, CA 90503	34-1991587	501(C)(3)	0.	119,023.	FMV	PRODUCE	FRESH PRODUCE DONATION
HARBOR CITY FOOD PANTRY 1034 W 252ND ST HARBOR CITY, CA 90710	86-2181461	501(C)(3)	0.	117,683.	FMV	PRODUCE	FRESH PRODUCE DONATION
MAKING IT HAPPEN, INC. 11120 ORO VISTA PO BOX 4372 SUNLAND, CA 91040	38-3922699	501(C)(3)	0.	116,047.	FMV	PRODUCE	FRESH PRODUCE DONATION
LUNDQUIST INSTITUTE SOUTH LOS ANGELES HEALTH PROJECTS - WIC PROGRAM - 250 E. MANCHESTER AVE. - LOS ANGELES, CA 90003	95-2138184	501(C)(3)	0.	115,396.	FMV	PRODUCE	FRESH PRODUCE DONATION
EMBRACE CHURCH 135 W BIRCH ST OXNARD, CA 93010	62-1401488	501(C)(3)	0.	115,133.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOR THE LOVE OF OUR VETERANS 700 N. BULLIS RD. COMPTON, CA 90221	46-3955040	501(C)(3)	0.	114,081.	FMV	PRODUCE	FRESH PRODUCE DONATION
ADELANTE COMUNIDAD CONEJO 1000 E JANSS RD THOUSAND OAKS, CA 91360	83-4279835	501(C)(3)	0.	101,608.	FMV	PRODUCE	FRESH PRODUCE DONATION
BROTHERHOOD - REACHH 50802 280TH ST WEST LANCASTER, CA 93536	46-4511895	501(C)(3)	0.	99,254.	FMV	PRODUCE	FRESH PRODUCE DONATION
FREEDOM CHRISTIAN CENTER 13808 IMPERIAL HWY SUITE 100 SANTA FE SPRINGS, CA 90670	73-1653292	501(C)(3)	0.	96,705.	FMV	PRODUCE	FRESH PRODUCE DONATION

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FOOD FINDERS INC 10539 HUMBOLT ST LOS ALAMITOS, CA 90720	33-0412749	501(C)(3)	0.	94,913.	FMV	PRODUCE	FRESH PRODUCE DONATION
THREE SQUARE FOOD BANK 4190 N PECOS RD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	0.	94,307.	FMV	PRODUCE	FRESH PRODUCE DONATION
RUBEN CASTRO CHARITIES 5700 CONDOR DR MOORPARK, CA 93021	47-2176562	501(C)(3)	0.	93,988.	FMV	PRODUCE	FRESH PRODUCE DONATION
GIRLS CLUB LOS ANGELES 2057 W. CENTURY BLVD LOS ANGELES, CA 90047	23-7203822	501(C)(3)	0.	91,839.	FMV	PRODUCE	FRESH PRODUCE DONATION
GARDEN SCHOOL FOUNDATION 2055 W 24TH ST LOS ANGELES, CA 90018	20-3023426	501(C)(3)	0.	84,847.	FMV	PRODUCE	FRESH PRODUCE DONATION
ARMADA UNIFIED 2851 SANTA FE AVE. LONG BEACH, CA 90810	85-4311030	501(C)(3)	0.	82,990.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNION DE VECINOS EAST 2ND STREET AND SOUTH CHICAGO S LOS ANGELES, CA 90033	52-2076978	501(C)(3)	0.	82,813.	FMV	PRODUCE	FRESH PRODUCE DONATION
ARIZONA FOODBANK NETWORK 555W GOLDHILL RD NOGALES, AZ 85621	86-0507679	501(C)(3)	0.	79,442.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY PARTNERS 1000 N. ALAMEDA ST. #240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	0.	79,417.	FMV	PRODUCE	FRESH PRODUCE DONATION

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STARS 500 E VILLA ST PASADENA, CA 91101	95-4847950	501(C)(3)	0.	78,712.	FMV	PRODUCE	FRESH PRODUCE DONATION
FRIENDS OUTSIDE IN LOS ANGELES 711 E HYDE PARK BLVD INGLEWOOD, CA 90302	95-3557032	501(C)(3)	0.	76,694.	FMV	PRODUCE	FRESH PRODUCE DONATION
ETTA 13034 SATICOY STREET NORTH HOLLYWOOD, CA 91605	95-4308644	501(C)(3)	0.	73,469.	FMV	PRODUCE	FRESH PRODUCE DONATION
NORTHWEST HARVEST 911 SOUTH 3RD STREET YAKIMA, WA 98901	91-0826037	501(C)(3)	0.	68,918.	FMV	PRODUCE	FRESH PRODUCE DONATION
UCI4COLA 6264 ADOBE CIRCLE ROAD S IRVINE, CA 92617	20-3337458	501(C)(3)	0.	66,801.	FMV	PRODUCE	FRESH PRODUCE DONATION
LINDAVE INSTITUTE 515 ECHANDIA ST LOS ANGELES, CA 90033	46-2780086	501(C)(3)	0.	64,917.	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	501(C)(3)	0.	63,911.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHILDREN'S HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	95-4335462	501(C)(3)	0.	61,210.	FMV	PRODUCE	FRESH PRODUCE DONATION
FEAST 3655 S GRAND AVE LOS ANGELES, CA 90007	46-4312265	501(C)(3)	0.	60,991.	FMV	PRODUCE	FRESH PRODUCE DONATION

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MALIKAH (LA CHAPTER) 2602 BROADWAY SANTA MONICA, CA 90404	47-1277862	501(C)(3)	0.	58,593.	FMV	PRODUCE	FRESH PRODUCE DONATION
CALVARY COMMUNITY CHURCH 5495 VIA ROCAS WESTLAKE VILLAGE, CA 91362	95-3222271	501(C)(3)	0.	57,882.	FMV	PRODUCE	FRESH PRODUCE DONATION
CATHOLIC CHARITIES OF LOS ANGELES, INC. - 1531 JAMES M WOOD BLVD - LOS ANGELES, CA 90015	95-1690973	501(C)(3)	0.	56,567.	FMV	PRODUCE	FRESH PRODUCE DONATION
CAMARILLO SEVENTH DAY ADVENTIST FOOD PANTRY - 3975 LAS POSAS RD - CAMARILLO, CA 93010	95-3008315	501(C)(3)	0.	49,897.	FMV	PRODUCE	FRESH PRODUCE DONATION
SAVES PANTRY 3850 JASMINE AVE CULVER CITY, CA 90232	95-4725770	501(C)(3)	0.	49,887.	FMV	PRODUCE	FRESH PRODUCE DONATION
ORANGE COUNTY FOOD BANK 11870 MONARCH ST GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	0.	48,954.	FMV	PRODUCE	FRESH PRODUCE DONATION
THE KARSH CENTER 3750 W 6TH ST LOS ANGELES, CA 90020	81-2974850	501(C)(3)	0.	46,740.	FMV	PRODUCE	FRESH PRODUCE DONATION
CRENSHAW FOOD PROGRAM 4030 SOUTH MUIRFIELD RD LOS ANGELES, CA 90008	46-0741918	501(C)(3)	0.	46,623.	FMV	PRODUCE	FRESH PRODUCE DONATION
VICTORY OUTREACH CHURCH 3037 ROSWELL ST LOS ANGELES, CA 90065	95-4690639	501(C)(3)	0.	45,832.	FMV	PRODUCE	FRESH PRODUCE DONATION

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IGLESIAS EL NUEVO NACIMIENTO INC 1600 S BROADWAY 1B LOS ANGELES, CA 90015	26-0195641	501(C)(3)	0.	45,237.	FMV	PRODUCE	FRESH PRODUCE DONATION
GRASS ROOTS NEIGHBORS 8600 TUSCANY AVE UNIT 206 PLAYA DEL REY, CA 90293	84-1784513	501(C)(3)	0.	41,355.	FMV	PRODUCE	FRESH PRODUCE DONATION
NOURISH LA PO BOX 661582 LOS ANGELES, CA 90066	85-3528222	501(C)(3)	0.	40,942.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD BANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	0.	39,421.	FMV	PRODUCE	FRESH PRODUCE DONATION
BIG SUNDAY 6111 MELROSE AVE LOS ANGELES, CA 90038	42-1765317	501(C)(3)	0.	33,642.	FMV	PRODUCE	FRESH PRODUCE DONATION
PACIFIC BLUE ORGANICS PO BOX 55162 LONG BEACH, CA 90805	85-3444326	501(C)(3)	0.	33,222.	FMV	PRODUCE	FRESH PRODUCE DONATION
CREATIVE HOUSING & SERVICES - ECS 123 S. CATALINA AVE. REDONDO BEACH, CA 90277	33-0204306	501(C)(3)	0.	32,371.	FMV	PRODUCE	FRESH PRODUCE DONATION
THE PEOPLE CONCERN 1101 W. MARTIN LUTHER KING BLVD LOS ANGELES, CA 90044	95-6143865	501(C)(3)	0.	31,306.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD NOT BOMBS P.O. BOX 424 ARROYO SECO, NM 87514	45-4549583	501(C)(3)	0.	31,248.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY COMMUNITY RESOURCE CENTER - 12901 VENICE BLVD - LOS ANGELES, CA 90066	95-3013310	501(C)(3)	0.	31,033.	FMV	PRODUCE	FRESH PRODUCE DONATION
FRIENDS IN DEED 444 E WASHINGTON BLVD PASADENA, CA 91114	95-1644608	501(C)(3)	0.	30,614.	FMV	PRODUCE	FRESH PRODUCE DONATION
FRIENDS OF FIELDWORKERS 148 WILD OAK ST OJAI, CA 93023	47-4817644	501(C)(3)	0.	27,859.	FMV	PRODUCE	FRESH PRODUCE DONATION
NOHO HOME ALLIANCE 11031 CAMARILLO ST NORTH HOLLYWOOD, CA 91602	82-4768699	501(C)(3)	0.	27,792.	FMV	PRODUCE	FRESH PRODUCE DONATION
ANIMAL ALLIANCE NETWORK 10030 MCBROOM ST SUNLAND, CA 91040	82-4855425	501(C)(3)	0.	26,968.	FMV	PRODUCE	FRESH PRODUCE DONATION
DEPARTMENT OF THE ARMY 5340 BANDINI BLVD BELL, CA 90201	82-1924813	501(C)(3)	0.	26,644.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD SHARE 4156 SOUTHBANK RD OXNARD, CA 93036	77-0018162	501(C)(3)	0.	25,751.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHICAS VERDES 4131 S. VERMONT AVE LOS ANGELES, CA 90037	85-0907771	501(C)(3)	0.	24,482.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. JOSEPH CENTER 204 HAMPTON DR VENICE, CA 90291	95-3874381	501(C)(3)	0.	23,806.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURNING POINT FOUNDATION 557 E THOMPSON BLVD VENTURA, CA 93001	77-0213467	501(C)(3)	0.	23,318.	FMV	PRODUCE	FRESH PRODUCE DONATION
SYV FRUIT & VEGETABLE RESCUE PO BOX 1651 SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	0.	22,560.	FMV	PRODUCE	FRESH PRODUCE DONATION
LUCHA - PODER POPULAR 1008 HILLSIDE DR SANTA PAULA, CA 93060	95-3400870	501(C)(3)	0.	22,416.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNION RESCUE MISSION 545 S. SAN PEDRO STREET LOS ANGELES, CA 90013	95-1709293	501(C)(3)	0.	20,072.	FMV	PRODUCE	FRESH PRODUCE DONATION
THE RIVER COMMUNITY CHURCH 859 E SANTA CLARA ST VENTURA, CA 93001	95-6151457	501(C)(3)	0.	17,766.	FMV	PRODUCE	FRESH PRODUCE DONATION
SAN FERNANDO VALLEY INTERFAITH COUNCIL, INC. - 13300 VICTORY BOULEVARD SUITE #354 - VAN NUYS, CA 91401	95-2653387	501(C)(3)	0.	17,522.	FMV	PRODUCE	FRESH PRODUCE DONATION
NO US WITHOUT YOU LA 768 S. BOYLE AVE. LOS ANGELES, CA 90023	85-0878455	501(C)(3)	0.	16,861.	FMV	PRODUCE	FRESH PRODUCE DONATION
VALLEY VINEYARD CHURCH FOOD PANTRY 6642 RESEDA BLVD RESEDA, CA 91335	95-3419526	501(C)(3)	0.	15,675.	FMV	PRODUCE	FRESH PRODUCE DONATION
ASSOCIATED MOTHERS IN ACTION 1302 W 137TH ST COMPTON, CA 90222	95-4279962	501(C)(3)	0.	15,617.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE MY NEIGHBOR FOUNDATION 620 E 7TH STREET LOS ANGELES, CA 90021	47-2840545	501(C)(3)	0.	15,362.	FMV	PRODUCE	FRESH PRODUCE DONATION
ALTAMED HEALTH SERVICES 2035 CAMFIELD AVE COMMERCE, CA 90040	95-2810095	501(C)(3)	0.	14,938.	FMV	PRODUCE	FRESH PRODUCE DONATION
SOUTH BAY ABOLITIONIST COLLECTIVE (TORRANCE FOR JUSTICE) - 2200 CRENSHAW BLVD - TORRANCE, CA 90501	85-2553965	501(C)(3)	0.	13,425.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. ELISABETH SERV CENTER 6640 CEDROS AVEN VAN NUYS, CA 91405	95-1661063	501(C)(3)	0.	12,294.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. VINCENT DE PAUL FOOD PANTRY AT ST. THOMAS AQUINAS CHURCH - 185 ST THOMAS DR - OJAI, CA 93023	95-3700729	501(C)(3)	0.	11,789.	FMV	PRODUCE	FRESH PRODUCE DONATION
C STREET FAMILY PLAN 619 W 1ST ST OXNARD, CA 93030	45-5375933	501(C)(3)	0.	11,745.	FMV	PRODUCE	FRESH PRODUCE DONATION
SOULJAS PROGRESSION 852 LORRAIN BLVD #8 LOS ANGELES, CA 90005	84-3746047	501(C)(3)	0.	11,057.	FMV	PRODUCE	FRESH PRODUCE DONATION
VENTURA SEVENTH-DAY ADVENTIST CHURCH - 6300 TELEPHONE RD - VENTURA, CA 93003	90-0737221	501(C)(3)	0.	10,773.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOV KITCHEN INC W 5TH ST LOS ANGELES, CA 90013	87-1798268	501(C)(3)	0.	10,566.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH FOOD PANTRY 20440 LASSEN ST CHATSWORTH, CA 91311	95-2535871	501(C)(3)	0.	10,410.	FMV	PRODUCE	FRESH PRODUCE DONATION
RESTORE VENTURA 572 N VENTURA AVE VENTURA, CA 93001	45-3010479	501(C)(3)	0.	10,138.	FMV	PRODUCE	FRESH PRODUCE DONATION
REVIVAL POWER MINISTRIES 14553 DELANO ST. VAN NUYS, CA 91411	91-2162688	501(C)(3)	0.	10,024.	FMV	PRODUCE	FRESH PRODUCE DONATION
LINCOLN AVE BAPTIST CHURCH 1180 N. LINCOLN AVE. PASADENA, CA 91103	95-3256809	501(C)(3)	0.	9,827.	FMV	PRODUCE	FRESH PRODUCE DONATION
PEOPLES GROCERY PROGRAM/MERCADO LIBRE DEL PUEBLO - 1206 E 17TH ST - SANTA ANA, CA 92701	80-0721174	501(C)(3)	0.	9,107.	FMV	PRODUCE	FRESH PRODUCE DONATION
BIENESTAR HUMAN SERVICES 5326 E. BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501(C)(3)	0.	8,976.	FMV	PRODUCE	FRESH PRODUCE DONATION
NOAH'S FOUNDATION 506 S SPRING ST LOS ANGELES, CA 90013	85-1712743	501(C)(3)	0.	8,133.	FMV	PRODUCE	FRESH PRODUCE DONATION
PROJECT UNDERSTANDING 2734 JOHNSON DR VENTURA, CA 93003	95-3246871	501(C)(3)	0.	7,210.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE WITHOUT BORDERS OUTREACH MINISTRY INC. - 140 S OAK ST - SANTA PAULA, CA 93060	85-0581534	501(C)(3)	0.	7,142.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIES FOR EVERY CHILD 12120 WAGNER ST CULVER CITY, CA 90230	95-4117747	501(C)(3)	0.	6,760.	FMV	PRODUCE	FRESH PRODUCE DONATION
SILVERLAKE COMMUNITY CHURCH 2930 HYPERION AVENUE LOS ANGELES, CA 90027	23-6393377	501(C)(3)	0.	6,038.	FMV	PRODUCE	FRESH PRODUCE DONATION
CAMARILLO COMMUNITY CHURCH FOOD PANTRY - 379 MOBIL AVE - CAMARILLO, CA 93010	95-2238150	501(C)(3)	0.	5,958.	FMV	PRODUCE	FRESH PRODUCE DONATION
SU CASA - ENDING DOMESTIC VIOLENCE 3750 E ANAHEIM ST. NO 100 ANAHEIM, CA 90804	95-3495175	501(C)(3)	0.	5,651.	FMV	PRODUCE	FRESH PRODUCE DONATION
HELP OF OJAI 108 S. MONTGOMERY OJAI, CA 93023	95-2872549	501(C)(3)	0.	5,578.	FMV	PRODUCE	FRESH PRODUCE DONATION
PROJECT 29:11 418 N 2ND AVE COVINA, CA 91723	46-1608139	501(C)(3)	0.	5,299.	FMV	PRODUCE	FRESH PRODUCE DONATION
INTERNATIONAL PENTECOSTAL CHURCH 10248 ALONDRA BLVD BELLFLOWER, CA 90706	95-2838327	501(C)(3)	0.	5,076.	FMV	PRODUCE	FRESH PRODUCE DONATION
WEST VALLEY FOOD PANTRY (AT THE PRINCE OF PEACE CHURCH) - 5700 RUDNICK AVE - LOS ANGELES, CA 91367	95-3349988	501(C)(3)	0.	5,030.	FMV	PRODUCE	FRESH PRODUCE DONATION
HILDA SOLIS OFFICE 1441 SANTA ANITA AVE SOUTH EL MONTE, CA 91733			0.	32,807.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREETWATCH LA 7412 FULTON AVENUE NORTH HOLLYWOOD, CA 91605			0.	26,851.	FMV	PRODUCE	FRESH PRODUCE DONATION

**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

**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022



**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 NAHMIAS FOUNDER/CEO	(i)	185,949.	1,000.	11,758.	5,758.	9,248.	213,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 NAHMIAS, JENNIFER COX, AMIR ZAMBRANO, AND DIANE HELFREY RECEIVED  
DISCRETIONARY BONUSES IN THE AMOUNT OF \$1,000 EACH DURING 2022. THE  
DISCRETIONARY AMOUNTS WERE DETERMINED BY THE BOARD OF DIRECTORS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	31,911.	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	1,335	138,917,169.	FAIR VALUE - GAAP
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	58	27,132.	FMV
26 Other ( SUPPLIES )	X	12	16,144.	FMV
27 Other ( SOFTWARE SUBS )	X	3	9,527.	FMV
28 Other ( OFF. EQUIPMENT )	X	4	5,408.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		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.		

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

Schedule M (Form 990) 2022

**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 REPRESENTS THE NUMBER OF DONORS.

SCHEDULE M, PART I, LINE 19, COLUMN (C):

THE DONATED FOOD IS RECORDED AT THE INDUSTRY STANDARD RATE OF \$1.92.

THE INDUSTRY STANDARD RATE IS EVALUATED AND REVISED ANNUALLY BY FEEDING AMERICA, THE NATION'S LARGEST DOMESTIC HUNGER-RELIEF ORGANIZATION, AND IS BASED ON ANALYSIS OF DATA COLLECTED FROM USDA AND OTHER PUBLICLY AVAILABLE SOURCES.

**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

**2022**

Open to Public  
Inspection

Name of the organization

FOOD FORWARD, INC.

Employer identification number

90-0678872

FORM 990, PART III, LINE 1

IN CALIFORNIA, 1 IN 3 HOUSEHOLDS ARE FOOD INSECURE. AT THE SAME TIME,  
38 PERCENT OF THE FOOD PRODUCED IN THE U.S. IS UNSOLD OR UNEATEN EACH  
YEAR. THIS IS AN UNIMAGINABLE DISPARITY THAT WE CAN ADDRESS WITH FOOD  
RECOVERY AND FOOD WASTE PREVENTION. FOOD WASTE IS ALSO ENVIRONMENTALLY  
DAMAGING; AS FOOD WASTE DECOMPOSES IN LANDFILLS, IT PRODUCES EMISSIONS  
OF METHANE, A MAJOR CONTRIBUTOR TO CLIMATE CHANGE THAT  
DISPROPORTIONATELY AFFECTS THE SAME POPULATIONS MOST IMPACTED BY FOOD  
INSECURITY. FOOD FORWARD'S PROGRAMS REGULARLY SERVED ORGANIZATIONS IN  
EIGHT COUNTIES IN CALIFORNIA IN 2022, AS WELL AS OCCASIONAL  
DISTRIBUTIONS TO PARTNERS IN NEIGHBORING STATES. FOOD FORWARD  
CONTINUED TO OPERATE EFFICIENTLY, PROVIDING ALMOST \$139 MILLION WORTH  
OF IN-KIND PRODUCE FREE OF CHARGE TO PEOPLE EXPERIENCING FOOD  
INSECURITY. THIS IN-KIND SUPPORT IS 27 TIMES GREATER THAN FOOD  
FORWARD'S 2022 OPERATING EXPENSES OF APPROXIMATELY \$5.2 MILLION. FOOD  
FORWARD NOW DISTRIBUTES ENOUGH FOOD ON AN AVERAGE DAY TO SUPPLY OVER  
260,000 PEOPLE WITH THEIR FIVE DAILY SERVINGS OF FRUITS AND VEGETABLES.

FORM 990, PART VI, SECTION A, LINE 4:

AMENDED AND RESTATED BYLAWS WERE ADOPTED IN DECEMBER 2022. SIGNIFICANT  
CHANGES INCLUDED CHANGING THE NUMBER OF DIRECTORS, ALLOWING NON-DIRECTORS  
TO SERVE ON COMMITTEES (WITH LIMITATIONS), ADDING THE EXECUTIVE COMMITTEE  
AND AUDIT COMMITTEE AS STANDING COMMITTEES, AND DELETING REDUNDANT CONFLICT  
OF INTEREST PROVISIONS WHICH HAVE BEEN MOVED INTO A NEW CONFLICTS OF  
INTEREST POLICY.

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

Schedule O (Form 990) 2022

232211 10-28-22

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

FOOD FORWARD'S CONFLICT OF INTEREST POLICY APPLIES TO ITS DIRECTORS, OFFICERS, KEY EMPLOYEES, AND DESIGNATED COMMITTEE MEMBERS AND CREATES AN AFFIRMATIVE OBLIGATION TO 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. BOARD MEMBERS, C-LEVEL, AND OTHER KEY EMPLOYEES ARE REQUIRED TO REVIEW THE POLICY ON AN ANNUAL BASIS AND CONFIRM UNDERSTANDING OF, AND COMPLIANCE WITH, THE POLICY.

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

COMPENSATION FOR C-LEVEL STAFF AND KEY EMPLOYEES OF THE ORGANIZATION IS PROPOSED BY THE CEO BASED ON ANNUAL EMPLOYEE EVALUATIONS AND AN ASSESSMENT OF THE CURRENT MARKET. THE PROPOSED COMPENSATION IS THEN REVIEWED BY THE BOARD OF DIRECTORS TO ENSURE COMPENSATION OF THE ABOVE LISTED EMPLOYEES IS JUST AND REASONABLE. THE BOARD OF DIRECTORS RELIES ON COMPENSATION DATA AGGREGATED FROM THE FORM 990S FILED BY LOCAL AND NATIONAL FOOD AID ORGANIZATIONS, AS WELL AS LOCAL HUMAN SERVICES ORGANIZATIONS TO SUBSTANTIATE THE PROCESS OF DETERMINING COMPENSATION AS WELL AS THE

Name of the organization <b>FOOD FORWARD, INC.</b>	Employer identification number <b>90-0678872</b>
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PROPOSED COMPENSATION. ADDITIONALLY, THE BOARD OF DIRECTORS REVIEWS A VARIETY OF RESOURCES INCLUDING THE NONPROFIT TIMES SALARY AND BENEFITS REPORT, THE CENTER FOR NONPROFIT MANAGEMENT'S EQUITABLE NONPROFIT WORKPLACE REPORT, AND THE GUIDESTAR NONPROFIT COMPENSATION REPORT.

FORM 990, PART VI, SECTION C, LINE 19:  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.