

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOD FORWARD, INC.		D Employer identification number 90-0678872
	Doing business as		E Telephone number (818) 764-1022
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7412 FULTON AVENUE 3		
	City or town, state or province, country, and ZIP or foreign postal code NORTH HOLLYWOOD, CA 91605		
	F Name and address of principal officer: RICHARD NAHMIAS SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: HTTPS://FOODFORWARD.ORG/			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2011	M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FOOD FORWARD(R) IS ONE OF THE NATION'S LARGEST INDEPENDENT URBAN PRODUCE RECOVERY ORGANIZATIONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	56
	6	Total number of volunteers (estimate if necessary)	6	1261
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	146,947,355.	174,483,693.
	9	Program service revenue (Part VIII, line 2g)	92,233.	143,648.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	159,922.	542,531.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,588.	329.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,215,098.	175,170,201.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,917,169.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,168,478.	4,017,730.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	903,159.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,018,486.	2,405,579.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	144,104,133.	174,912,851.
19	Revenue less expenses. Subtract line 18 from line 12	3,110,965.	257,350.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,985,422.	17,482,876.
	21	Total liabilities (Part X, line 26)	1,220,033.	1,113,439.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,765,389.	16,369,437.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	RICHARD NAHMIAS, CHIEF EXECUTIVE OFFICER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	10/31/24	P00545829
	Firm's name	Firm's EIN		
	MOSS ADAMS LLP	91-0189318		
	Firm's address	Phone no.		
	21700 OXNARD ST. STE 300 WOODLAND HILLS, CA 91367	818-577-1900		

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

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **169,503,601.** including grants of \$ **167,456,677.**) (Revenue \$ **143,648.**)

FOOD FORWARD'S LARGE-SCALE WHOLESALE RECOVERY PROGRAM RECOVERS SURPLUS PRODUCE DONATED BY THE PALLET AND TRUCKLOAD FROM WHOLESALE PRODUCE DISTRIBUTORS AND GROWERS AT ITS PRODUCE PIT STOP TO DISTRIBUTE FREE-OF-CHARGE TO HUNGER RELIEF PARTNER ORGANIZATIONS.

4b (Code:) (Expenses \$ **3,016,760.** including grants of \$ **1,032,865.**) (Revenue \$ **0.**)

THROUGH TWO VOLUNTEER-POWERED COMMUNITY PROGRAMS, FOOD FORWARD ORGANIZES THOUSANDS OF DEDICATED VOLUNTEERS ANNUALLY TO PARTICIPATE IN HARVESTS AND GLEANS THAT FIGHT HUNGER AND REDUCE FOOD WASTE. THE FLAGSHIP BACKYARD HARVEST PROGRAM PROVIDES FRUIT TO PARTNER ORGANIZATIONS FROM HARVESTS LED BY VOLUNTEERS ON HUNDREDS OF FRUIT TREE PROPERTIES. THE FARMERS MARKET RECOVERY PROGRAM IS A MARKET-ENDORSED DONATION SYSTEM FOR FARMERS AND VENDORS WANTING TO HELP FIGHT HUNGER WITH THEIR UNSOLD PRODUCE.

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 **172,520,361.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 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>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	26
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	56
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a 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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 ContractorsCheck 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				219,570.	0.	52,497.
(2) KRISTEN JOHNSON CHIEF OPERATING OFFICER	45.00				X			165,086.	0.	11,313.
(3) JENNIFER COX CHIEF DEVELOPMENT OFFICER	50.00					X		146,728.	0.	15,264.
(4) JODI JACOBSEN DIRECTOR OF HUMAN RESOURCES	50.00					X		114,985.	0.	38,437.
(5) DIANE HELFREY DIRECTOR OF FINANCE & ACCOUNTING	48.00			X				131,303.	0.	14,136.
(6) AMIR ZAMBRANO MANAGING DIRECTOR OF PROGRAMS	46.00					X		122,442.	0.	5,571.
(7) NKEMDILIM NWOSU DIRECTOR OF COMMUNICATIONS	50.00					X		116,779.	0.	10,052.
(8) ROBERT VALENCIA BOARD CHAIR	8.00	X		X				0.	0.	0.
(9) JASON CRAYNE TREASURER (AS OF 04/01/23)	3.00	X		X				0.	0.	0.
(10) MARK RHEIN SECRETARY	3.00	X		X				0.	0.	0.
(11) CHRISTY REMEY CHIN TREASURER (THRU 3/23)/BOARD MEMBER	4.00	X		X				0.	0.	0.
(12) JEDD GOLD BOARD MEMBER	1.00	X						0.	0.	0.
(13) NEIL HALTRECHT BOARD MEMBER	3.00	X						0.	0.	0.
(14) JEFF HARRIS BOARD MEMBER	3.00	X						0.	0.	0.
(15) BRIAN LAZARUS BOARD MEMBER	2.00	X						0.	0.	0.
(16) CINDY LEE BOARD MEMBER	1.00	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	1.00	X						0.	0.	0.
(19) BETTY ZAMORANO-PEDREGON BOARD MEMBER	4.00	X						0.	0.	0.
1b Subtotal								1,016,893.	0.	147,270.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,016,893.	0.	147,270.

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

7

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Form 990 (2023)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	100,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	174,383,693.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 168,607,879.				
	h Total. Add lines 1a-1f		174483693.				
Program Service Revenue	2 a OTHER PROGRAM SERVICE REVENUE	Business Code	900099	143,648.			143,648.
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		143,648.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			533,259.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	446,400. 437,128.				
c Gain or (loss)		7c	9,272.				
d Net gain or (loss)			9,272.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		329.				
b Less: cost of goods sold	10b		0.				
c Net income or (loss) from sales of inventory		329.					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions		175170201.	0.	0.	686,508.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	168,489,542.	168,489,542.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	593,905.	154,453.	335,259.	104,193.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,400,016.	1,923,634.	128,867.	347,515.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,948.	47,277.	18,724.	20,947.
9 Other employee benefits	655,463.	518,697.	40,783.	95,983.
10 Payroll taxes	281,398.	169,436.	60,704.	51,258.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,840.		9,840.	
c Accounting	167,483.		167,483.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,729.		49,729.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	39,258.	20,610.	5,530.	13,118.
13 Office expenses	31,588.	14,923.	14,269.	2,396.
14 Information technology	94,275.	37,976.	17,802.	38,497.
15 Royalties				
16 Occupancy	248,732.	195,627.	30,233.	22,872.
17 Travel	32,454.	22,545.	8,752.	1,157.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,190.	16,907.	60,374.	4,909.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	241,349.	225,060.	14,254.	2,035.
23 Insurance	78,780.	53,026.	25,754.	
24 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.)				
a PRODUCE TRANSPORTATION	364,250.	364,250.		
b				
c				
d				
e All other expenses	965,651.	266,398.	500,974.	198,279.
25 Total functional expenses. Add lines 1 through 24e	174,912,851.	172,520,361.	1,489,331.	903,159.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	130,771.	1	82,652.
	2 Savings and temporary cash investments	235,397.	2	454,155.
	3 Pledges and grants receivable, net	358,647.	3	934,792.
	4 Accounts receivable, net	0.	4	0.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	82,804.	9	129,743.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,890,372.		
	b Less: accumulated depreciation	10b 990,259.	10c	900,113.
	11 Investments - publicly traded securities	14,276,368.	11	14,204,885.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	922,502.	15	776,536.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,985,422.	16	17,482,876.	
Liabilities	17 Accounts payable and accrued expenses	351,221.	17	378,243.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	868,812.	25	735,196.
	26 Total liabilities. Add lines 17 through 25	1,220,033.	26	1,113,439.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,556,759.	27	15,419,645.
	28 Net assets with donor restrictions	1,208,630.	28	949,792.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,765,389.	32	16,369,437.
	33 Total liabilities and net assets/fund balances	16,985,422.	33	17,482,876.

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Part XI Reconciliation of Net AssetsCheck 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	175,170,201.
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,912,851.
3	Revenue less expenses. Subtract line 2 from line 1	3	257,350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,765,389.
5	Net unrealized gains (losses) on investments	5	346,698.
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	16,369,437.

Part XII Financial Statements and ReportingCheck 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	2a	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	2b	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.	2c	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? _____	3a	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 _____	3b	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

FOOD FORWARD, INC.

Employer identification number

90-0678872

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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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). _____

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		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45935914.	119098448	128086410	146946855	174483693	614551320
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	45935914.	119098448	128086410	146946855	174483693	614551320
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25055950.
6 Public support. Subtract line 5 from line 4.						589495370

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	45935914.	119098448	128086410	146946855	174483693	614551320
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,303.	2,948.	2,175.	167,567.	533,259.	708,252.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	26,690.	16,378.				43,068.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,818.	9,859.	2,978.	793.	329.	16,777.
11 Total support. Add lines 7 through 10						615319417
12 Gross receipts from related activities, etc. (see instructions)					12	270,258.

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.80 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.31 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test - 2022.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10% -facts-and-circumstances test - 2023.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**b 10% -facts-and-circumstances test - 2022.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. 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).		

Schedule A (Form 990) 2023

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

FOOD FORWARD, INC.**90-0678872****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
<u>1</u>		\$ <u>15,106,383.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>6,927,998.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FOOD FORWARD, INC.**90-0678872****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>15,106,383.</u>	<u>12/31/23</u>
<u>2</u>	FRESH PRODUCE _____ _____ _____	\$ <u>6,927,998.</u>	<u>12/31/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

FOOD FORWARD, INC.**90-0678872****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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	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 for instructions and the latest information.

OMB No. 1545-0047

2023

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 on line 2a	2c
d Number of conservation easements included on line 2c 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?

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	2,692,239.	1,913,072.	1,425,259.		
b Contributions	563,641.	753,038.	487,643.	1,425,259.	
c Net investment earnings, gains, and losses	159,935.	26,159.	170.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	16,078.	30.			
g End of year balance	3,399,737.	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 .0000 %

c Term endowment .0000 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		887,638.	272,440.	615,198.
d Equipment		325,204.	198,871.	126,333.
e Other		677,530.	518,948.	158,582.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				900,113.

Schedule D (Form 990) 2023

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	735,196.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	735,196.

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 ... ☒

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	175,518,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	346,698.
b	Donated services and use of facilities	2b	1,823.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	348,521.
3	Subtract line 2e from line 1	3	175,170,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	175,170,201.

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

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

1	Total expenses and losses per audited financial statements	1	174,914,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,823.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,823.
3	Subtract line 2e from line 1	3	174,912,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	174,912,851.

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 CASH OPERATING COSTS FOR THE CURRENT FISCAL YEAR'S OPERATING BUDGET, AND IS RE-CALCULATED AFTER APPROVAL OF THE ANNUAL OPERATING BUDGET.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION RETURNS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

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 for the latest information.

OMB No. 1545-0047

2023

**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
FARMLINK PROJECT PO BOX 744772 LOS ANGELES, CA 90074	85-1398171	501(C)(3)	0.	30,333,438.	FMV	PRODUCE	FRESH PRODUCE DONATION
YMCA 4301 W. 3RD STREET LOS ANGELES, CA 90020	95-1644052	501(C)(3)	0.	9,943,594.	FMV	PRODUCE	FRESH PRODUCE DONATION
MINISTERIO FARO DE LUZ 2202 CENTER ST HUNTINGTON PARK, CA 90255	45-3414285	501(C)(3)	0.	9,884,045.	FMV	PRODUCE	FRESH PRODUCE DONATION
MONTE SION CENTER 4405 E OLYMPIC BLVD LOS ANGELES, CA 90023	95-4603541	501(C)(3)	0.	7,253,176.	FMV	PRODUCE	FRESH PRODUCE DONATION
MAHI INTERNATIONAL DBA BIENESTAR IS WELL-BEING - PO BOX 338 - RANCHO CUCAMONGA, CA 91729	20-1855839	501(C)(3)	0.	6,120,862.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHRISTIAN FOOD CENTER 1101 E WASHINGTON BLVD LOS ANGELES, CA 90021	95-4049610	501(C)(3)	0.	5,910,067.	FMV	PRODUCE	FRESH PRODUCE DONATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **177.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) 2023

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.	5,308,648.	FMV	PRODUCE	FRESH PRODUCE DONATION
HIGH DESERT SECOND CHANCE 16666 SMOKE TREE STE. B4 HESPERIA, CA 92345	46-4690286	501(C)(3)	0.	5,290,501.	FMV	PRODUCE	FRESH PRODUCE DONATION
INLAND EMPIRE HEATH PLAN PO BOX 1954 RANCHO CUCAMONGA, CA 91729	81-2805974	501(C)(3)	0.	4,689,030.	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.	3,315,985.	FMV	PRODUCE	FRESH PRODUCE DONATION
SEEDS OF HOPE 840 ECHO PARK AVE. LOS ANGELES, CA 90026	31-1629166	501(C)(3)	0.	3,226,242.	FMV	PRODUCE	FRESH PRODUCE DONATION
INLAND HARVEST 317 FELISA CT REDLANDS, CA 92373	33-0479589	501(C)(3)	0.	3,101,859.	FMV	PRODUCE	FRESH PRODUCE DONATION
AMERICAN HEART ASSOCIATION 816 S FIGUEROA ST LOS ANGELES, CA 90017	13-5613797	501(C)(3)	0.	2,973,732.	FMV	PRODUCE	FRESH PRODUCE DONATION
GOD'S PANTRY 10801SIXTHST. RANCHOCUCAMONGA, CA 91730	80-0902222	501(C)(3)	0.	2,716,583.	FMV	PRODUCE	FRESH PRODUCE DONATION
WATTS COMMUNITY CORE 9501 CERRITOS AVE UNIT 202 ANAHEIM, CA 92804	84-3477018	501(C)(3)	0.	2,673,928.	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
MEND 10641 NORTH SAN FERNADO ROAD PACOIMA, CA 91331	23-7306337	501(C)(3)	0.	2,637,293.	FMV	PRODUCE	FRESH PRODUCE DONATION
TEMPLO CALVARIO 2501 W 5TH ST SANTA ANA, CA 92703	77-0601589	501(C)(3)	0.	2,607,654.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE COMMUNITY OUTREACH 1920 W CHESTNUT AVE SANTA ANA, CA 92703	95-4575842	501(C)(3)	0.	2,349,076.	FMV	PRODUCE	FRESH PRODUCE DONATION
SOCIAL JUSTICE LEARNING INSTITUTE 600 CENTINELA AVE INGLEWOOD, CA 90302	26-3413373	501(C)(3)	0.	2,197,973.	FMV	PRODUCE	FRESH PRODUCE DONATION
NORTH VALLEY CARING SERVICES 15435 RAYEN ST NORTH HILLS, CA 91343	95-4444561	501(C)(3)	0.	2,064,853.	FMV	PRODUCE	FRESH PRODUCE DONATION
HEART OF COMPASSION 600 S MAPLE AVE MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0.	1,826,957.	FMV	PRODUCE	FRESH PRODUCE DONATION
CENTRO RESTAURADOR 200 2ND ST MCFARLAND, CA 93250	87-1147089	501(C)(3)	0.	1,774,286.	FMV	PRODUCE	FRESH PRODUCE DONATION
TRINITY HARVEST PO BOX 1258 LITTLEROCK, CA 93543	30-0997331	501(C)(3)	0.	1,673,665.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNITED FARM WORKERS PO BOX 62 KEENE, CA 93531	94-1448579	501(C)(3)	0.	1,592,132.	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
MINISTERIOS MAHANAIM PO BOX 759 HUNTINGTON PARK, CA 90255	32-0179306	501(C)(3)	0.	1,529,789.	FMV	PRODUCE	FRESH PRODUCE DONATION
ALIANZA NACIONAL DE CAMPESINA 319 LAMBERT ST. STE. D OXNARD, CA 93036	47-3486630	501(C)(3)	0.	1,519,912.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY ACTION OF VENTURA COUNTY 621 RICHMOND AVE OXNARD, CA 93030	95-2408644	501(C)(3)	0.	1,466,922.	FMV	PRODUCE	FRESH PRODUCE DONATION
MUSIC CHANGING LIVES PO BOX 6160 REDLANDS, CA 92554	58-2672644	501(C)(3)	0.	1,375,573.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY'S CHILD 18807 CRENSHAW PL TORRANCE, CA 90504	20-2871854	501(C)(3)	0.	1,245,336.	FMV	PRODUCE	FRESH PRODUCE DONATION
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	0.	1,242,667.	FMV	PRODUCE	FRESH PRODUCE DONATION
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 90033	95-3213958	501(C)(3)	0.	1,226,274.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOTHILL UNITY CENTER 790 WEST CHESTNUT AVENUE MONROVIA, CA 91016	95-4310817	501(C)(3)	0.	1,210,064.	FMV	PRODUCE	FRESH PRODUCE DONATION
BRIGHTER BITES P.O. BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)(3)	0.	1,160,955.	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
NORTHWEST HARVEST P.O. BOX 12272 SEATTLE , WA 98102	91-0826037	501(C)(3)	0.	1,146,175.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD FOR CHRIST 20444 CORONA ST. CORONA, CA 92881	30-0482826	501(C)(3)	0.	1,061,946.	FMV	PRODUCE	FRESH PRODUCE DONATION
HANDS OF LOVE 8716 S VERMONT AVE LOS ANGELES , CA 90044	36-4959562	501(C)(3)	0.	987,971.	FMV	PRODUCE	FRESH PRODUCE DONATION
HOLLYWOOD FOOD COALITION 5938 HOLLYWOOD BLVD LOS ANGELES , CA 90028	46-4079214	501(C)(3)	0.	974,326.	FMV	PRODUCE	FRESH PRODUCE DONATION
MINISTERIO EL EVANGELIO ETERNO 1336 RIMROCK DR PERRIS , CA 92570	95-4394527	501(C)(3)	0.	959,218.	FMV	PRODUCE	FRESH PRODUCE DONATION
IMMANUEL PRESBYTERIAN CHURCH 3300 WILSHIRE BLVD. LOS ANGELES , CA 90010	95-1643330	501(C)(3)	0.	953,453.	FMV	PRODUCE	FRESH PRODUCE DONATION
FREMONT HIGH SCHOOL 6814 PACIFIC BLVD. HUNTINGTON PARK , CA 90255	38-3687836	501(C)(3)	0.	950,679.	FMV	PRODUCE	FRESH PRODUCE DONATION
CLARENCE E. MCCLENDON MINISTRIES: THE PLACE OF GRACE - 2543 W MANCHESTER BLVD - INGLEWOOD , CA 90305	45-3153533	501(C)(3)	0.	945,376.	FMV	PRODUCE	FRESH PRODUCE DONATION
GREAT SHEPHERD OUTREACH 964 E BADILLO AVE STE 201 COVINA , CA 91724	95-4208415	501(C)(3)	0.	943,645.	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
OUR LADY OF THE HOLY ROSARY CHURCH 7800 VINELAND AVE SUN VALLEY , CA 91352	95-1916435	501(C)(3)	0.	912,116.	FMV	PRODUCE	FRESH PRODUCE DONATION
ANTELOPE VALLEY PARTNERS FOR HEALTH - 44226 10TH ST. W - LANCASTER, CA 93534	47-0957404	501(C)(3)	0.	911,221.	FMV	PRODUCE	FRESH PRODUCE DONATION
SPIRIT OF SANTA PAULA 1498 E. HARVARD BLVD. SANTA PAULA, CA 93060	27-0005506	501(C)(3)	0.	895,132.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHILDREN'S CLINIC OF LONG BEACH 701 E 28TH ST STE 200 LONG BEACH , CA 90806	95-1643332	501(C)(3)	0.	882,693.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE MISSION 417 E 106TH ST. LOS ANGELES, CA 90003	35-2558496	501(C)(3)	0.	878,003.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD HELP 10909 NEW ST DOWNEY , CA 90241	95-1803687	501(C)(3)	0.	872,298.	FMV	PRODUCE	FRESH PRODUCE DONATION
IGLESIA CALVARIO ASAMBLEAS DE DIOS 2955 SEQUOIA DR. SOUTH GATE , CA 90280	47-3591333	501(C)(3)	0.	855,552.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE MORE PO BOX 86052 LOS ANGELES, CA 90086	84-2433645	501(C)(3)	0.	845,975.	FMV	PRODUCE	FRESH PRODUCE DONATION
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY , UT 84119	87-0212453	501(C)(3)	0.	783,653.	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
MANNA OF GOD 10905 WILMINGTON AVE LOS ANGELES , CA 90059	87-3048025	501(C)(3)	0.	752,158.	FMV	PRODUCE	FRESH PRODUCE DONATION
WATTS LABOR COMMUNITY ACTION COMMITTEE (WLCAC) - 11905 S CENTRAL AVE - LOS ANGELES , CA 90059	95-2412869	501(C)(3)	0.	703,531.	FMV	PRODUCE	FRESH PRODUCE DONATION
ACCION COMUNITARIA 913 CYPRESS AVE. LOS ANGELES, CA 90065			0.	585,728.	FMV	PRODUCE	FRESH PRODUCE DONATION
LA MAS 21650 OXNARD ST STE 350 WOODLAND HILLS , CA 91367	38-3886677	501(C)(3)	0.	579,581.	FMV	PRODUCE	FRESH PRODUCE DONATION
SOVA 330 NORTH FAIRFAX AVENUE LOS ANGELES , CA 90036	95-1691013	501(C)(3)	0.	554,580.	FMV	PRODUCE	FRESH PRODUCE DONATION
LABOR COMMUNITY SERVICES 2130 W JAMES WOOD BLVD LOS ANGELES , CA 90006	95-4147259	501(C)(3)	0.	544,804.	FMV	PRODUCE	FRESH PRODUCE DONATION
LONG BEACH CENTER FOR ECONOMIC INCLUSION - 918 N CLEVELAND ST - ORANGE , CA 92867	84-4693859	501(C)(3)	0.	537,632.	FMV	PRODUCE	FRESH PRODUCE DONATION
SALVATION ARMY 5941 HOLLYWOOD BLVD HOLLYWOOD, CA 90028	94-1156347	501(C)(3)	0.	500,760.	FMV	PRODUCE	FRESH PRODUCE DONATION
WORLD HARVEST 3100 VENICE BLVD LOS ANGELES, CA 90019	39-2064653	501(C)(3)	0.	439,586.	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
SBCC THRIVE LA 540 N MARINE AVE WILMINGTON, CA 90744	23-7360521	501(C)(3)	0.	427,431.	FMV	PRODUCE	FRESH PRODUCE DONATION
ORDER OF MALTA 610 SIXTEENTH STREET OAKLAND, CA 94612	84-3738231	501(C)(3)	0.	426,364.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST FRANCIS CENTER 1835 SOUTH HOPE STREET LOS ANGELES, CA 90015	95-4479271	501(C)(3)	0.	424,181.	FMV	PRODUCE	FRESH PRODUCE DONATION
LONG BEACH COMMUNITY TABLE 3166 OSTROM AVE. LONG BEACH, CA 90808	83-1361910	501(C)(3)	0.	414,541.	FMV	PRODUCE	FRESH PRODUCE DONATION
REAL HOPE INC 8989 COYOTE SPRINGS ROAD PRESCOTT VALLEY, AZ 86315	84-3359872	501(C)(3)	0.	407,792.	FMV	PRODUCE	FRESH PRODUCE DONATION
SEMRADO Y RESTAURANDO CHURCH 14101 ARCHWOOD ST VAN NUYS, CA 91405	82-0927194	501(C)(3)	0.	388,964.	FMV	PRODUCE	FRESH PRODUCE DONATION
VALLEY FOOD BANK 315 NORTH A STREET OXNARD, CA 93030	23-7278002	501(C)(3)	0.	387,756.	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.	380,847.	FMV	PRODUCE	FRESH PRODUCE DONATION
SEVA COLLECTIVE 2552 WALNUT AVE STE 140 TUSTIN, CA 92780	86-1998980	501(C)(3)	0.	378,940.	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
PEOPLE ORGANIZED FOR WESTSIDE RENEWAL - 5617 HOLLYWOOD BLVD STE. 107 - LOS ANGELES , CA 90028	65-1208274	501(C)(3)	0.	374,347.	FMV	PRODUCE	FRESH PRODUCE DONATION
DESIGNATED EXCEPTIONAL SERVICES FOR INDEPENDENCE - 646 S ATLANTIC BLVD - LOS ANGELES , CA 90022	90-0775966	501(C)(3)	0.	357,581.	FMV	PRODUCE	FRESH PRODUCE DONATION
CAL STATE NORTHRIDGE FOOD PANTRY & WV FOOD HUB - 18111 NORDHOFF ST - NORTHRIDGE , CA 91330	95-6196006	501(C)(3)	0.	332,346.	FMV	PRODUCE	FRESH PRODUCE DONATION
API FORWARD MOVEMENT 905 E 8TH STREET LOS ANGELES , CA 90021	95-1716914	501(C)(3)	0.	301,958.	FMV	PRODUCE	FRESH PRODUCE DONATION
STUDENT LUNCHBOX 10401 VENICE BLVD STE 462 LOS ANGELES , CA 90034	85-2482031	501(C)(3)	0.	295,358.	FMV	PRODUCE	FRESH PRODUCE DONATION
NEW STORY CHURCH 1721 N BROADWAY LOS ANGELES , CA 90031	91-2172342	501(C)(3)	0.	272,335.	FMV	PRODUCE	FRESH PRODUCE DONATION
ANTELOPE VALLEY DREAM CENTER 315 NORTH A STREET OXNARD, CA 93030	36-4764965	501(C)(3)	0.	271,966.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOS ANGELES CITY COLLEGE FOUNDATION, INC. - 855 N VERMONT AVE - LOS ANGELES, CA 90029	95-6207819	501(C)(3)	0.	269,963.	FMV	PRODUCE	FRESH PRODUCE DONATION
VICTORY OUTREACH CHURCH 3037 ROSWELL ST. LOS ANGELES, CA 90065	95-4690639	501(C)(3)	0.	269,858.	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
FOOD BANK OF SANTA BARBARA COUNTY 4554 HOLISTER AVE. SANTA BARBARA , CA 93110	77-0169214	501(C)(3)	0.	247,378.	FMV	PRODUCE	FRESH PRODUCE DONATION
WARRIOR PANTRY 16007 CRENSHAW BLVD TORRANCE , CA 90506	95-3874302	501(C)(3)	0.	241,651.	FMV	PRODUCE	FRESH PRODUCE DONATION
HELP ME HELP YOU PO BOX 32861 LONG BEACH , CA 90832	71-0898124	501(C)(3)	0.	234,985.	FMV	PRODUCE	FRESH PRODUCE DONATION
ISLAMIC CENTER OF SOUTHERN CALIFORNIA - 434 S VERMONT AVE - LOS ANGELES , CA 90020	95-3502914	501(C)(3)	0.	218,520.	FMV	PRODUCE	FRESH PRODUCE DONATION
HOUSE OF YAHWEH PO BOX 1089 LAWDALE , CA 90260	95-3879208	501(C)(3)	0.	212,750.	FMV	PRODUCE	FRESH PRODUCE DONATION
ORANGE COUNTY FOOD BANK: COMMUNITY ACTION PARTNERSHIP - 11870 MONARCH ST - GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	0.	192,913.	FMV	PRODUCE	FRESH PRODUCE DONATION
DAYS LONG BEACH 1230 E WARDLOW RD LONG BEACH , CA 90807	33-0851176	501(C)(3)	0.	186,980.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHURCH OF THE RESURRECTION 3324 OPAL ST LOS ANGELES, CA 90023	95-4559663	501(C)(3)	0.	172,361.	FMV	PRODUCE	FRESH PRODUCE DONATION
VIDA LIFE 11068 CEDAR AVE BLOOMINGTON , CA 92316	47-1281964	501(C)(3)	0.	169,798.	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
HUNGER ACTION LA 961 S MARIPOSA AVE LOS ANGELES , CA 90006	20-5142259	501(C)(3)	0.	157,693.	FMV	PRODUCE	FRESH PRODUCE DONATION
NATIONAL DAY LABORER ORGANIZING NETWORK - 1030 S ARROYO PARKWAY - PASADENA , CA 91101	20-8802586	501(C)(3)	0.	150,768.	FMV	PRODUCE	FRESH PRODUCE DONATION
IGLESIAS EL NUEVO NACIMIENTO 1231 WEST BLVD APT 105 LOS ANGELES , CA 90019	26-0195641	501(C)(3)	0.	147,767.	FMV	PRODUCE	FRESH PRODUCE DONATION
EMBRACE CHURCH PO BOX 1032 OXNARD , CA 93032	62-1401488	501(C)(3)	0.	141,658.	FMV	PRODUCE	FRESH PRODUCE DONATION
CORNUCOPIA SERVICES 21515 HAWTHORNE BLVD 396 TORRANCE , CA 90503	34-1991587	501(C)(3)	0.	140,465.	FMV	PRODUCE	FRESH PRODUCE DONATION
GREATER LONG BEACH MUTUAL AID NETWORK - 425 ATLANTIC AVE - LONG BEACH , CA 90802			0.	140,228.	FMV	PRODUCE	FRESH PRODUCE DONATION
ADELANTE COMUNIDAD CONEJO P.O. BOX 1913 THOUSAND OAKS , CA 91358	83-4279835	501(C)(3)	0.	127,633.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNION DE VECINOS 346 S GLESS ST LOS ANGELES , CA 90033	52-2076978	501(C)(3)	0.	126,041.	FMV	PRODUCE	FRESH PRODUCE DONATION
DEPARTMENT OF THE ARMY 2160 MILES CT. COLTON, CA 92324	82-1924813	501(C)(3)	0.	125,668.	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
MAKING IT HAPPEN PO BOX 4372 SUNLAND, CA 91401	38-3922699	501(C)(3)	0.	119,039.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHILDREN'S HUNGER FUND 13931 BALBOA BLVD. SYLMAR, CA 91342	95-4335462	501(C)(3)	0.	114,150.	FMV	PRODUCE	FRESH PRODUCE DONATION
ETTA 13034 SATICOY ST NORTH HOLLYWOOD, CA 91605	95-4308644	501(C)(3)	0.	111,324.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNION RESCUE MISSION 545 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90013	95-1709293	501(C)(3)	0.	110,630.	FMV	PRODUCE	FRESH PRODUCE DONATION
LUNDQUIST INSTITUTE SOUTH LOS ANGELES HEALTH PROJECTS - WIC PROGRAM - 1124 W CARSON ST - TORRANCE, CA 90502	95-2138184	501(C)(3)	0.	109,858.	FMV	PRODUCE	FRESH PRODUCE DONATION
GARDEN SCHOOL FOUNDATION 222 E. GLENARM STREET, STE. B2 PASADENA, CA 91106	20-3023426	501(C)(3)	0.	104,867.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD BANK OF SOUTHERN CALIFORNIA 144 SAN FRANCISCO AVENUE LONG BEACH, CA 90813	95-3557056	501(C)(3)	0.	101,518.	FMV	PRODUCE	FRESH PRODUCE DONATION
GIRLS CLUB LOS ANGELES 2057 W CENTURY BLVD LOS ANGELES, CA 90047	23-7203822	501(C)(3)	0.	95,508.	FMV	PRODUCE	FRESH PRODUCE DONATION
FRIENDS OUTSIDE IN LOS ANGELES 261 E COLORADO BLVD STE 217 PASADENA, CA 91101	95-3557032	501(C)(3)	0.	93,649.	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
BROTHERHOOD - REACHH 6700 ALEXANDER BELL DR STE. 200 COLUMBIA , MD 21046	46-4511895	501(C)(3)	0.	87,354.	FMV	PRODUCE	FRESH PRODUCE DONATION
MIDWEST FOOD BANK 725 E. BASELINE RD. GILBERT, AZ 85233	41-2120170	501(C)(3)	0.	83,220.	FMV	PRODUCE	FRESH PRODUCE DONATION
A PLACE CALLED HOME 28030 SOUTH CENTRAL AVENUE LOS ANGELES , CA 90011	95-4427291	501(C)(3)	0.	81,681.	FMV	PRODUCE	FRESH PRODUCE DONATION
GROW2ZERO FARMS 2851 SANTA FE AVE LONG BEACH , CA 90810	85-4311030	501(C)(3)	0.	81,174.	FMV	PRODUCE	FRESH PRODUCE DONATION
STARS 712 E VILLA ST PASADENA , CA 91101	95-4847950	501(C)(3)	0.	80,618.	FMV	PRODUCE	FRESH PRODUCE DONATION
CALVARY CHAPEL 12808 WOODRUFF AVE DOWNEY , CA 90242	51-0200281	501(C)(3)	0.	75,816.	FMV	PRODUCE	FRESH PRODUCE DONATION
RUBEN CASTRO CHARITIES PO BOX 743 MOORPARK , CA 93020	47-2176562	501(C)(3)	0.	73,363.	FMV	PRODUCE	FRESH PRODUCE DONATION
THE PEOPLE CONCERN 2116 ARLINGTON AVE LOS ANGELES , CA 90018	95-6143865	501(C)(3)	0.	71,891.	FMV	PRODUCE	FRESH PRODUCE DONATION
LINDAVE INSTITUTE 1712 LYNDON ST. SOUTH PASADENA, CA 91030	46-2780086	501(C)(3)	0.	69,243.	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
UCI4COLA 6264 ADOBE CIRCLE RD. S IRVINE, CA 92617		GOVT	0.	64,645.	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.	63,696.	FMV	PRODUCE	FRESH PRODUCE DONATION
SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	0.	62,725.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOR THE LOVE OF OUR VETERANS PO BOX 6196 COMPTON, CA 90224	46-3955040	501(C)(3)	0.	60,585.	FMV	PRODUCE	FRESH PRODUCE DONATION
NO US WITHOUT YOU LA 768 S BOYLE AVE LOS ANGELES, CA 90023	85-0878455	501(C)(3)	0.	56,416.	FMV	PRODUCE	FRESH PRODUCE DONATION
CHICAS VERDES 1142 4TH AVE APT3 LOS ANGELES, CA 90019	85-0907771	501(C)(3)	0.	50,323.	FMV	PRODUCE	FRESH PRODUCE DONATION
INTERNATIONAL PENTECOSTAL CHURCH 10248 ALONDRA BLVD BELLFLOWER, CA 90706	95-2838327	501(C)(3)	0.	47,488.	FMV	PRODUCE	FRESH PRODUCE DONATION
FEAST 3655 SOUTH GRAND AVENUE SUITE LOS ANGELES, CA 90007	46-4312265	501(C)(3)	0.	46,370.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOODCYCLE LA 1949 N WILTON PL LOS ANGELES, CA 90068	47-1615623	501(C)(3)	0.	45,714.	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
ANIMAL ALLIANCE NETWORK 15030 VENUTRA BLVD 155 SHERMAN OAKS , CA 91403	82-4855425	501(C)(3)	0.	45,515.	FMV	PRODUCE	FRESH PRODUCE DONATION
CAMARILLO SEVENTH DAY ADVENTIST FOOD PANTRY - 3975 LAS POSAS RD - CAMARILLO , CA 93010	95-3008315	501(C)(3)	0.	44,963.	FMV	PRODUCE	FRESH PRODUCE DONATION
CALVARY COMMUNITY CHURCH 5495 VIA ROCAS WESTLAKE VILLAGE , CA 91362	95-3222271	501(C)(3)	0.	44,018.	FMV	PRODUCE	FRESH PRODUCE DONATION
SAVES PANTRY PO BOX 4008 CULVER CITY , CA 90231	95-4725770	501(C)(3)	0.	38,606.	FMV	PRODUCE	FRESH PRODUCE DONATION
MALIKAH (LA CHAPTER) PO BOX 6093 ASTONIA , NY 11106	47-1277862	501(C)(3)	0.	38,374.	FMV	PRODUCE	FRESH PRODUCE DONATION
LINCOLN AVE BAPTIST CHURCH 1180 LINCOLN AVE PASADENA , CA 91103	95-3256809	501(C)(3)	0.	37,525.	FMV	PRODUCE	FRESH PRODUCE DONATION
LA LGBT CENTER 1118 N. MCCADDEN PLACE LOS ANGELES , CA 90038	95-3567895	501(C)(3)	0.	36,531.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD NOT BOMBS LOS ANGELES PO BOX 424 ARROYO SECO , NM 87514	45-4549583	501(C)(3)	0.	36,423.	FMV	PRODUCE	FRESH PRODUCE DONATION
PACIFIC BLUE ORGANICS PO BOX 55162 LONG BEACH , CA 90805	85-3444326	501(C)(3)	0.	36,006.	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
COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES , CA 90012	95-4302067	501(C)(3)	0.	35,176.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 SOUTH COUNTRY CLUB ROAD - TUCSON, CA 85713	51-0192519	501(C)(3)	0.	33,704.	FMV	PRODUCE	FRESH PRODUCE DONATION
SOUTH BAY ABOLITIONIST COLLECTIVE (TORRANCE FOR JUSTICE) - 20947 S VAN DEENE AVE - TORRANCE , CA 90502	85-2553965	501(C)(3)	0.	33,044.	FMV	PRODUCE	FRESH PRODUCE DONATION
CERRITOS COLLEGE FOUNDATION AND INSTITUTIONAL ADVANCEMENT - 11110 ALONDRA BLVD - NORWALK, CA 90650	95-3387108	501(C)(3)	0.	32,910.	FMV	PRODUCE	FRESH PRODUCE DONATION
GRASS ROOTS NEIGHBORS 8600 TUSCANY AVE UNIT 206 PLAYA DEL REY , CA 90293	84-1784513	501(C)(3)	0.	32,860.	FMV	PRODUCE	FRESH PRODUCE DONATION
GOD IS GOOD, INC. 5368 PINTAIL ST LA VERNE , CA 91750	81-5279104	501(C)(3)	0.	32,627.	FMV	PRODUCE	FRESH PRODUCE DONATION
CATHOLIC CHARITIES PO BOX 15095 LOS ANGELES , CA 90015	95-1690973	501(C)(3)	0.	32,223.	FMV	PRODUCE	FRESH PRODUCE DONATION
THE KARSH CENTER 3750 W 6TH ST. LOS ANGELES , CA 90020	81-2974850	501(C)(3)	0.	30,762.	FMV	PRODUCE	FRESH PRODUCE DONATION
BIG SUNDAY 6111 MELROSE AVE. LOS ANGELES, CA 90038	42-1765317	501(C)(3)	0.	29,359.	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
NOHO HOME ALLIANCE 11031 CAMARILLO ST NORTH HOLLYWOOD, CA 91602	82-4768699	501(C)(3)	0.	28,938.	FMV	PRODUCE	FRESH PRODUCE DONATION
PEOPLES GROCERY PROGRAM/MERCADO LIBRE DEL PUEBLO - 845 E. CIVIC CENTER DRIVE - SANTA ANA, CA 92701			0.	28,861.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. ELISABETH SERV CENTER 6635 TOBIAS AVE VAN NUYS, CA 91405	95-1661063	501(C)(3)	0.	28,620.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. CHARLES BORROMEO SERVICE CENTER - 10825 MOORPARK ST. - NORTH HOLLYWOOD, CA 91602	95-1644617	501(C)(3)	0.	27,997.	FMV	PRODUCE	FRESH PRODUCE DONATION
EL NIDO FAMILY CENTERS 2 440 SHATTO PLACE PLACE 417 LOS ANGELES, CA 90020	95-3186429	501(C)(3)	0.	26,864.	FMV	PRODUCE	FRESH PRODUCE DONATION
LUCHA - PODER POPULAR 1008 HILLSIDE DR. SANTA PAULA, CA 93060	95-3400870	501(C)(3)	0.	26,663.	FMV	PRODUCE	FRESH PRODUCE DONATION
DISABILITY COMMUNITY RESOURCE CENTER - 12901 VENICE BLVD - LOS ANGELES, CA 90066	95-3013310	501(C)(3)	0.	26,480.	FMV	PRODUCE	FRESH PRODUCE DONATION
OPEN FOOD COLLECTIVE 440 N. BARRANCA AVE. WALNUT, CA 91723	81-4004928	501(C)(3)	0.	23,888.	FMV	PRODUCE	FRESH PRODUCE DONATION
BIENESTAR HUMAN SERVICES 5326 E BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501(C)(3)	0.	23,106.	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 6535 LANKERSHIM BLVD UNIT 9821 NORTH HOLLYWOOD, CA 91609	47-2840545	501(C)(3)	0.	22,820.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501(C)(3)	0.	20,996.	FMV	PRODUCE	FRESH PRODUCE DONATION
CREATIVE HOUSING & SERVICES - ECS 2212 EL MOLINO AVE ALTADENA, CA 91001	33-0204306	501(C)(3)	0.	20,682.	FMV	PRODUCE	FRESH PRODUCE DONATION
NOURISH LA 3701 W. SANTA ROSALIA DR. #1144 LOS ANGELES, CA 90008	85-3528222	501(C)(3)	0.	20,408.	FMV	PRODUCE	FRESH PRODUCE DONATION
HARBOR CITY FOOD PANTRY 1034 252ND ST HARBOR CITY, CA 90710	86-2181461	501(C)(3)	0.	20,365.	FMV	PRODUCE	FRESH PRODUCE DONATION
WOMEN SHELTER OF LONG BEACH 4201 LONG BEACH BLVD. STE 102 LONG BEACH, CA 90807	95-1644058	501(C)(3)	0.	20,259.	FMV	PRODUCE	FRESH PRODUCE DONATION
POWER OF ONE FOUNDATION 918 N CLEVELAND ST ORANGE, CA 92867	83-4215933	501(C)(3)	0.	19,314.	FMV	PRODUCE	FRESH PRODUCE DONATION
ELYSIAN SCHOOL GARDEN FUND 305 PARKMAN AVE LOS ANGELES, CA 90026	88-2044102	501(C)(3)	0.	18,074.	FMV	PRODUCE	FRESH PRODUCE DONATION
COMMUNITY WORSHIP CENTER 15709 S NORMANDIE AVE GARDENA, CA 90247	47-4625983	501(C)(3)	0.	17,748.	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
EAST LA BOYS AND GIRLS CLUB / EAST LA RISING - 324 N MCDONNELL AVE - LOS ANGELES, CA 90022	95-1865996	501(C)(3)	0.	17,532.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOVE WITHOUT BORDERS OUTREACH MINISTRY INC. - 140 S OAK ST. APT C - SANTA PAULA, CA 93060	85-0581534	501(C)(3)	0.	16,752.	FMV	PRODUCE	FRESH PRODUCE DONATION
THE RIVER COMMUNITY CHURCH 859 E SANTA CLARA ST VENTURA, CA 93001	95-6151457	501(C)(3)	0.	16,731.	FMV	PRODUCE	FRESH PRODUCE DONATION
FOOD SHARE 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	0.	16,424.	FMV	PRODUCE	FRESH PRODUCE DONATION
TURNING POINT FOUNDATION PO BOX 24397 VENTURA, CA 93002	77-0213467	501(C)(3)	0.	16,247.	FMV	PRODUCE	FRESH PRODUCE DONATION
FRIENDS OF FIELDWORKERS PO BOX 7863 VENTURA, CA 93006	47-4817644	501(C)(3)	0.	15,372.	FMV	PRODUCE	FRESH PRODUCE DONATION
FRIENDS IN DEED 444 E. WASHINGTON BLVD. PASADENA, CA 91104	95-1644608	501(C)(3)	0.	14,141.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOV KITCHEN INC 2437 N MYERS ST BURBANK, CA 91504	87-1798268	501(C)(3)	0.	13,811.	FMV	PRODUCE	FRESH PRODUCE DONATION
LOS ANGELES COMMUNITY ACTION NETWORK - 838 E 6TH ST - LOS ANGELES, CA 90021	02-0661629	501(C)(3)	0.	12,904.	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
VEGGIE RESCUE PO BOX 1651 SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	0.	12,836.	FMV	PRODUCE	FRESH PRODUCE DONATION
HELP OF OJAI PO BOX 621 OJAI, CA 93024	95-2872549	501(C)(3)	0.	10,843.	FMV	PRODUCE	FRESH PRODUCE DONATION
VENTURA SEVENTH-DAY ADVENTIST CHURCH - 6300 TELEPHONE RD. - VENTURA, CA 93003	90-0737221	501(C)(3)	0.	10,403.	FMV	PRODUCE	FRESH PRODUCE DONATION
SHEPHERD'S PANTRY 657 E ARROW HWY STE J GLENORA, CA 91740	20-8277679	501(C)(3)	0.	10,297.	FMV	PRODUCE	FRESH PRODUCE DONATION
ST. VINCENT DE PAUL FOOD PANTRY AT ST. THOMAS AQUINAS CHURCH - 185 SAINT THOMAS DR. - OJAI, CA 93023	95-3700729	501(C)(3)	0.	8,077.	FMV	PRODUCE	FRESH PRODUCE DONATION
FAMILY RESCUE CENTER 22103 VANOWEN ST CANOGA PARK, CA 91303	33-1018720	501(C)(3)	0.	7,979.	FMV	PRODUCE	FRESH PRODUCE DONATION
RESTORE VENTURA 1107 N SAN JOAQUIN ST STOCKTON, CA 95202	45-3010479	501(C)(3)	0.	7,855.	FMV	PRODUCE	FRESH PRODUCE DONATION
UNITY SHOPPE 1209 STATE STREET SANTA BARBARA, CA 91301	77-0391064	501(C)(3)	0.	7,255.	FMV	PRODUCE	FRESH PRODUCE DONATION
FISH FOOD PANTRY 20440 LASSEN STREET CHATSWORTH, CA 91311	95-2535871	501(C)(3)	0.	5,958.	FMV	PRODUCE	FRESH PRODUCE DONATION

Schedule I (Form 990)

[illegible]

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 for instructions and the latest information.

OMB No. 1545-0047

2023

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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)	219,570.	0.	0.	41,364.	11,133.	272,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTEN JOHNSON CHIEF OPERATING OFFICER	(i)	165,086.	0.	0.	4,764.	6,549.	176,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER COX CHIEF DEVELOPMENT OFFICER	(i)	146,428.	300.	0.	4,383.	10,881.	161,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JODI JACOBSEN DIRECTOR OF HUMAN RESOURCES	(i)	114,685.	300.	0.	3,188.	35,249.	153,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(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 4B:

PARTICIPANT: RICHARD NAHMIAS, CEO. IN DECEMBER 2023, THE BOARD OF DIRECTORS ESTABLISHED A 457(F) DEFERRED COMPENSATION PLAN AS PART OF AN EXECUTIVE EMPLOYMENT AGREEMENT. THE AGREEMENT OUTLINES THE CEO'S DUTIES, COMPENSATION, BENEFITS, ALLOWABLE EXPENSES, AND ANNUAL EVALUATIONS. THE AGREEMENT ALSO OUTLINES ANY IMPACTS TO PLAN BENEFITS IF THE EMPLOYER OR EMPLOYEE TERMINATES THE AGREEMENT FOR CAUSE, DEATH, DISABILITY, OR OTHER REASON.

PART I, LINE 7:

JENNIFER COX, DIANE HELFREY, JODI JACOBSEN, AMIR ZAMBRANO, AND NKEMDILIM NWOSU RECEIVED DISCRETIONARY BONUSES IN THE AMOUNT OF \$300 EACH DURING 2023. THE DISCRETIONARY AMOUNTS WERE DETERMINED BY THE CEO AND COO.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

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

Attach to Form 990.

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

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	6	89,715.	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	1,230	168,489,542.	FAIR VALUE - GAAP
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SUPPLIES</u>)	X	18	14,069.	FMV
26 Other (<u>SOFTWARE SUBS</u>)	X	37	10,583.	FMV
27 Other (<u>TOOLS AND EQUIP</u>)	X	1	3,500.	FMV
28 Other (<u>OFF. EQUIPMENT</u>)	X	2	470.	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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 \$1.93 PER POUND. 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 for the latest information.

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90-0678872

FORM 990, PART III, LINE 1:

ACROSS THE STATE OF CALIFORNIA, ONE IN FIVE HOUSEHOLDS IS FOOD
INSECURE. AT THE SAME TIME, LOS ANGELES IS HOME TO ONE OF NORTH
AMERICA'S LARGEST WHOLESALE PRODUCE MARKETS, ONE OF THE NATION'S
BUSIEST INTERNATIONAL PORTS, AND MORE THAN 150 WEEKLY FARMERS MARKETS.
BUT THE REALITY IS THAT MUCH OF THIS PERFECTLY GOOD PRODUCE IS LEFT TO
BECOME WASTE IN LANDFILLS. AN ASTOUNDING 38% OF THE FOOD PRODUCED IN
THE U.S. IS UNSOLD OR UNEATEN, EMPHASIZING THE NEED FOR FOOD FORWARD'S
LARGE-SCALE RECOVERY AND DISTRIBUTION OF FRUITS AND VEGETABLES ACROSS
THE REGION.

IN 2023, FOOD FORWARD RECOVERED AND DISTRIBUTED MORE THAN 87 MILLION
POUNDS OF PRODUCE FOR PARTNER ORGANIZATIONS TO DISTRIBUTE TO PEOPLE
EXPERIENCING FOOD INSECURITY, RETURNING AN ESTIMATED SOCIAL IMPACT
VALUE OF \$168 MILLION FOR THE VALUE OF PRODUCE DISTRIBUTED, WHICH IS 26
TIMES GREATER THAN FOOD FORWARD'S 2023 EXPENSES OF \$6.4 MILLION. HAVING
RAPIDLY EXPANDED ITS PROGRAMMING IN RESPONSE TO THE PANDEMIC, FOOD
FORWARD CURRENTLY DISTRIBUTES ENOUGH SURPLUS FRUITS AND VEGETABLES EACH
DAY TO MEET THE DAILY RECOMMENDED SERVINGS FOR MORE THAN 270,000 PEOPLE
ACROSS 13 CALIFORNIA COUNTIES AND SEVEN ADDITIONAL STATES AND TRIBAL
LANDS.

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

FOOD FORWARD, INC.

Employer identification number

90-0678872

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 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.

Name of the organization

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

GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
AND BY REQUEST.