

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **08-11-2021**, and ending **12-31-2021**

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

C Name of organization: FARMLINK PROJECT
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 325 ARNO WAY
 City or town, state or province, country, and ZIP or foreign postal code: PACIFIC PALISADES, CA 90272

D Employer identification number: 85-1398171
E Telephone number: (203) 233-5915
G Gross receipts \$ 51,204,063

F Name and address of principal officer:
 BENJAMIN COLLIER
 325 ARNO WAY
 PACIFIC PALISADES, CA 90272

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

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

J Website: ▶ [HTTPS://WWW.FARMLINKPROJECT.ORG/](https://www.farmlinkproject.org/)

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2020 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 WE BELIEVE WE CAN BRING AN END TO HUNGER ALONGSIDE MASSIVE FOOD WASTE IN OUR LIFETIME. FARMLINK CONNECTS SURPLUS PRODUCE TO COMMUNITIES TO SUPPORT PEOPLE IN NEED, REDUCE CARBON EMISSIONS AND EMPOWER THE NEXT GENERATION OF YOUNG CHANGEMAKERS. THIS IS OUR CURRENT ORGANIZATIONAL MISSION AS IT STANDS. TFP HAS GROWN AND CHANGED SINCE WE FILED FOR OUR 501C3, AND SO IT READS DIFFERENTLY FROM THE MISSION STATEMENT ON THE SCHEDULE 1023 APPLICATION.

2 Check this box 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	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	203
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		51,173,516
9 Program service revenue (Part VIII, line 2g)		29,606
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		136
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		805
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,204,063
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		50,081,183
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		234,285
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶40,986		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		793,484
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		51,108,952
19 Revenue less expenses. Subtract line 18 from line 12		95,111

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		3,073,736
21 Total liabilities (Part X, line 26)		434,879
22 Net assets or fund balances. Subtract line 21 from line 20		2,638,857

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: 2022-11-12
 BENJAMIN COLLIER CO-CEO
 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 P00576936
Firm's name ▶ VASQUEZ COMPANY LLP	Firm's EIN ▶ 33-7000332			
Firm's address ▶ 655 N CENTRAL AVE STE 1550 GLENDALE, CA 91203	Phone no. (213) 873-1700			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FARMLINK PROJECT'S MISSION IS TO DELIVER PRODUCE AND OTHER GOODS FROM FARMS WITH SURPLUS RESOURCES TO FOOD BANKS ACROSS THE UNITED STATES. OUR STRATEGIC GOAL: IN THE NEAR TERM, OUR GOAL IS TO PROVIDE ONE BILLION MEALS OF HEALTHY FRESH PRODUCE TO FAMILIES IN NEED BY THE END OF 2025. WE ARE ACCOMPLISHING THIS THROUGH AN INNOVATIVE FOOD RESCUE MODEL THAT IS ENABLING SMARTER, SCALABLE FOOD RECOVERY, RESULTING IN BETTER OUTCOMES FOR PEOPLE AND THE PLANET. WE HOPE TO IMPROVE FOOD ACCESS BY PRIORITIZING DIGNITY, CHOICE, AND ACCESSIBILITY IN THE DISTRIBUTION MODEL WE BUILD. IN THE LONG RUN, WE BELIEVE THE GREATEST IMPACT OF FARMLINK WILL NOT ONLY BE IN THE FOOD WE PROVIDE, BUT ALSO IN WHAT THE STUDENTS WHO HELP BUILD THIS ORGANIZATION WILL GO ON TO ACHIEVE.

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 \$ 50,974,363 including grants of \$ 50,081,183) (Revenue \$ 29,606)
See Additional Data

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

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

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

4e Total program service expenses ▶ 50,974,363

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501(c)(21) organizations.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 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 in Schedule O); 19 Describe in 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: CERINA CORRIGAN 325 ARNO WAY PACIFIC PALISADES, CA 90272 (609) 375-4530

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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	50,081,183	50,081,183		
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	80,353	73,689	3,231	3,433
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	123,794	68,523	27,760	27,511
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	3,803	3,803		
10 Payroll taxes	26,335	18,479	6,109	1,747
11 Fees for services (non-employees):				
a Management				
b Legal	732		732	
c Accounting	12,716		12,716	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	81,126	73,094	8,032	
12 Advertising and promotion				
13 Office expenses	25,376		17,081	8,295
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,123	1,095	4,028	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FREIGHT/TRANSPORTATION	452,971	451,441	1,530	0
b FOOD PURCHASES/PROGRAM	174,485	170,580	3,905	0
c CARBON OFFSET	32,200	32,200		
d MERCHANDISE EXPENSES	8,531	276	8,255	
e All other expenses	224		224	
25 Total functional expenses. Add lines 1 through 24e	51,108,952	50,974,363	93,603	40,986
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	1,184,716
	2 Savings and temporary cash investments		2	1,800,136
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	85,744
	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		9	3,140
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		0 16	3,073,736	
Liabilities	17 Accounts payable and accrued expenses		17	72,384
	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		0 25	362,495
	26 Total liabilities. Add lines 17 through 25		0 26	434,879
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		27	2,536,327
	28 Net assets with donor restrictions		28	102,530
	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		0 32	2,638,857	
33 Total liabilities and net assets/fund balances		0 33	3,073,736	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,204,063
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,108,952
3	Revenue less expenses. Subtract line 2 from line 1	3	95,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,543,746
9	Other changes in net assets or fund balances (explain in 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	2,638,857

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 85-1398171

Name: FARMLINK PROJECT

Form 990 (2021)

Form 990, Part III, Line 4a:

PROGRAM SERVICES PRIMARILY PERTAIN TO COLLABORATIVE ACTIVITIES OF THE ORGANIZATION TO CONNECT FARMERS TO FOOD BANKS, DELIVERING EXCESS FARM FRESH PRODUCE, THAT WOULD OTHERWISE GO TO WASTE, TO FEED FAMILIES IN NEED. FOR THE PERIOD FROM AUGUST 11 TO DECEMBER 31, 2021, THE ORGANIZATION RECEIVED AND DISTRIBUTED 27,970,332 POUNDS OF PRODUCE. THE ORGANIZATION CONDUCTED ITS OPERATIONS NATIONWIDE AND ACTIVELY CULTIVATED RELATIONSHIPS WITH ALL PARTIES INVOLVED BY STAYING COMMITTED TO ITS CORE VALUES: PRIZING HONEST OPEN COMMUNICATION; UPLIFTING AND CHAMPIONING DIVERSITY; ADVANCING FOOD SECURITY AND EQUITY; AND BELIEVING IN FOOD SOVEREIGNTY AND DIGNITY.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .					51,173,516	51,173,516
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					51,173,516	51,173,516
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) . . .						
6 Public support. Subtract line 5 from line 4.						51,173,516

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .					51,173,516	51,173,516
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .					136	136
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .					805	805
11 Total support. Add lines 7 through 10						51,174,457

12 Gross receipts from related activities, etc. (see instructions) **12** 29,606

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 2021 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 **15**

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	8		
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))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
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? If "Yes," provide detail in Part VI .		
	9c		
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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
	10b		

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?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):	1	
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 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)		

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

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2021 AMOUNT: \$ 805.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II	THE ORGANIZATION BEGAN ITS OPERATIONS ON 08/11/2021.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

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? Yes 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? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 ▶ \$ _____

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	362,495
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	362,495

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	51,262,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	58,200	
e	Add lines 2a through 2d		2e	58,200
3	Subtract line 2e from line 1		3	51,204,063
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	51,204,063

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	51,167,152
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	58,200	
e	Add lines 2a through 2d		2e	58,200
3	Subtract line 2e from line 1		3	51,108,952
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	51,108,952

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 85-1398171

Name: FARMLINK PROJECT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF ANY AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED RELATE TO THE ORGANIZATION'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FREIGHT REIMBURSEMENT 58,200.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FREIGHT REIMBURSEMENT 58,200.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization FARMLINK PROJECT

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.

Employer identification number 85-1398171

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART II	FARMLINK ENSURES THAT DISTRIBUTIONS OF FOOD ITEMS TO FOOD BANKS FURTHER FARMLINK'S EXEMPT PURPOSES BY ONLY DISTRIBUTING FOOD ITEMS TO CHARITABLE FOOD BANKS WITH: 1) TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR 2) PURPOSES CONSISTENT WITH FARMLINK'S EXEMPT PURPOSES. IN ORDER TO FURTHER ENSURE THAT SUCH FOOD BANKS ARE USING THE DISTRIBUTED FOOD ITEMS FOR THEIR INTENDED CHARITABLE PURPOSE, FARMLINK REMAINS IN CONTACT WITH THE RECIPIENT FOOD BANKS TO ENSURE THAT SUCH DISTRIBUTED FOOD ITEMS ARE USED IN ACCORDANCE WITH THE RECIPIENT FOOD BANK'S EXEMPT PURPOSES. IN THE EVENT THAT FARMLINK DISTRIBUTES FOOD ITEMS TO FOOD BANKS WITHOUT TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, FARMLINK WILL REQUIRE SUCH FOOD BANKS TO PROVIDE PERIODIC ACCOUNTING AND REPORTS ON THE USE OF DISTRIBUTED FOOD ITEMS. IN ADDITION, FARMLINK MAINTAINS PHYSICAL RECORDS OF ALL DISTRIBUTIONS TO RECIPIENT FOOD BANKS, WHICH INCLUDES THE AMOUNT OF FOOD ITEMS DISTRIBUTED, THE NAME AND CONTACT OF THE RECIPIENT FOOD BANK, AND OTHER RELEVANT INFORMATION SUCH AS DATES, TIMES, AND PRICE PER UNIT OF THE FOOD ITEMS.

Additional Data

Software ID:
Software Version:
EIN: 85-1398171
Name: FARMLINK PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3000 CLUB 1741 W ROSE GARDEN LANE PHOENIX, AZ 85027	27-3295358	501(C)(3)	0	142,680	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
ARKANSAS HUNGER RELIEF ALLIANCE 1400 W MARKHAM ST STE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	0	69,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL STREET PORTLAND, OR 97230	93-1186020	501(C)(3)	0	139,200	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
BLUE MOUNTAIN ACTION COUNCIL INC 8 E CHERRY STREET WALLA WALLA, WA 99362	91-0793597	501(C)(3)	0	52,200	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDERLANDS PRODUCE RESCUE 270 W PRODUCE ROW NOGALES, AZ 85621	86-0804743	501(C)(3)	0	700,620	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
BOSTON AREA GLEANERS 91 MARTIN STREET ACTON, MA 01720	30-0434755	501(C)(3)	0	295,278	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER BITES PO BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)(3)	0	10,440	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
CARE AND SHARE 2605 PREAMBLE PT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	0	234,030	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING FOR FRIENDS 12271 TOWNSEND ROAD PHILADELPHIA, PA 19154	23-2072722	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
CENTRAL CALIFORNIA FOOD BANK 3403 EAST CENTRAL AVENUE FRESNO, CA 93725	77-0320851	501(C)(3)	0	482,415	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HUNGER FUND 13931 BALBOA BLVD RANCH CASCADES, CA 91342	95-4335462	501(C)(3)	0	243,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
CITY HARVEST 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	0	147,030	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	91-1307564	501(C)(3)	0	147,900	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
COLLABORATIVE FOR FRESH PRODUCE 1524 SOUTH IH-35 SUITE 342 AUSTIN, TX 78704	82-4308154	501(C)(3)	0	602,040	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK N BAKERSFIELD, CA 93309	95-2402760	501(C)(3)	0	543,750	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA 3003 SOUTH COUNTRY CLUB ROAD TUCSON, AZ 85713	51-0192519	501(C)(3)	0	1,221,350	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	0	73,080	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
CONVOY OF HOPE 1 CONVOY DRIVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0	202,995	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTWEST FOOD RESCUE 17641 GARDEN WAY NE WOODINVILLE, WA 98072	85-1100467	501(C)(3)	0	69,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
EMERGENCY FOOD NETWORK 3318 92ND STREET SOUTH LAKEWOOD, WA 98499	94-3131776	501(C)(3)	0	501,990	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXTRA TABLE PO BOX 17318 HATTIESBURG, MS 39404	27-3779135	501(C)(3)	0	626,400	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FARMER FROGINSP 23210 PARADISE LAKE ROAD WOODINVILLE, WA 98077	20-2112828	501(C)(3)	0	739,500	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING NORTHEAST FLORIDA 1493 MARKET ST TALLAHASSEE, FL 32312	46-5014769	501(C)(3)	0	36,540	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FEEDING SAN DIEGO 9477 WAPLES STREET SUITE 100 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	0	69,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	0	66,357	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FEEDING THE MULTITUDES 50 AZALEA DR CANTON, NC 28716	41-2245774	501(C)(3)	0	69,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING WESTCHESTER 200 CLEARBROOK ROAD ELMSFORD, NY 10523	13-3507988	501(C)(3)	0	73,080	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	FRESH PURPLE POTATOES
FLAGSTAFF FAMILY FOOD CENTER 3805 E HUNTINGTON DR FLAGSTAFF, AZ 86004	86-0754044	501(C)(3)	0	238,772	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DRIVE LOVELAND, CO 80538	74-2336171	501(C)(3)	0	69,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)	0	2,732,200	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437	94-2924979	501(C)(3)	0	134,850	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FOOD BANK OF SANTA BARBARA COUNTY 1224 COAST VILLAGE CIR STE 11 SANTA BARBARA, CA 93108	77-0169214	501(C)(3)	0	337,664	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	84-0772672	501(C)(3)	0	224,216	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FOOD CYCLE LA 1949 N WILTON PL LOS ANGELES, CA 90068	47-1615623	501(C)(3)	0	43,500	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FORWARD 7412 FULTON AVE 3 NORTH HOLLYWOOD, CA 91605	90-0678872	501(C)(3)	0	17,919,484	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FOOD RESCUE US 1127 HIGH RIDGE ROAD STE 338 STAMFORD, CT 06905	27-4486556	501(C)(3)	0	773,430	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODLINK EMERGENCY CA 5800 FOODLINK STREET BLDG 245 SACRAMENTO, CA 95828	47-1840355	501(C)(3)	0	933,761	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
FOODLINK FOR TULARE COUNTY 611 2ND STREET EXETER, CA 93221	94-2558802	501(C)(3)	0	55,680	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO MISSION 263 G STREET FRESNO, CA 93706	94-1279785	501(C)(3)	0	701,220	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
GODS PANTRY 250 E CENTER STREET POMONA, CA 91767	80-0902222	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04210	22-2986809	501(C)(3)	0	73,080	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
GRACE AND PEACE COMMUNITY CHURCH 1701 WASHINGTON AVE PHILADELPHIA, PA 19146	27-3063352	501(C)(3)	0	205,320	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREY BEARS 2710 CHANTICLEER AVENUE SANTA CRUZ, CA 95065	94-2298681	501(C)(3)	0	8,700	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
HARMONY BITES 5850 AVALON BLVD LOS ANGELES, CA 90003	85-1547057	501(C)(3)	0	109,620	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST AGAINST HUNGER 1201 FIRST AVENUE S SUITE 327 SEATTLE, WA 98134	91-1229941	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
HEART OF COMPASSION DISTRIBUTION FOOD BANK 600 S MAPLE AVE MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0	2,199,395	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH DESERT SECOND CHANCE 16666 SMOKE TREE ST STE B4 HESPERIA, CA 92345	46-4690286	501(C)(3)	0	402,810	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	0	58,459	ANNUAL PRODUCT STUDY FROM FEED AMERICA	WATER MELON AND GREEN BEANS	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPERIAL VALLEY FOOD BANK 486 WEST ATEN ROAD IMPERIAL, CA 92251	33-0633364	501(C)(3)	0	175,444	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
BELKNAP MINISTRIES INC INSPIRED VISION COMPASSION CENTER 9424 MILITARY PARKWAY DALLAS, TX 75227	45-2810447	501(C)(3)	0	287,725	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE STOREHOUSE 6202 20TH STREET E FIFE, WA 98424	30-0753667	501(C)(3)	0	1,240,620	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
LOAVES & FISHES PO BOX 86 DE LAND, IL 61839	36-3786777	501(C)(3)	0	62,640	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301	94-3034161	501(C)(3)	0	69,349	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
MIDWEST FOOD BANK - PEORIA 2031 WAREHOUSE RD NORMAL, IL 61761	41-2120170	501(C)(3)	0	558,540	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST FOOD BANK-INDIANAPOLIS 2031 WAREHOUSE RD NORMAL, IL 61761	41-2120170	501(C)(3)	0	38,268	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
MODESTO LOVE CENTER MODESTO VICTORY LIFE CENTER FOURSQUARE CHURCH 2118 WOODLAND AVE MODESTO, CA 95358	94-2869407	501(C)(3)	0	22,020	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA, MT 59808	81-0421243	501(C)(3)	0	147,900	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
MONTEREY COUNTY FOOD BANK 353 WEST ROSSI STREET SALINAS, CA 93907	77-0270228	501(C)(3)	0	625,843	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWMAN KAHLON FOUNDATION 12210 MICHIGAN ST STE 13 GRAND TERRACE, CA 92313	83-3172022	501(C)(3)	0	115,710	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
NORTH STATE FOOD BANK 2640 5TH AVE 7 OROVILLE, CA 95965	94-1640546	501(C)(3)	0	43,500	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	0	111,365	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	0	6,960	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)	0	1,907,524	ANNUAL PRODUCT STUDY FROM FEED AMERICA	BLUEBERRIES, WATERMELON, POTATOES AND ONIONS	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
OREGON FOOD BANK 7900 NORTHEAST 33RD DRIVE PORTLAND, OR 97211	93-0785786	501(C)(3)	0	77,865	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE WILLIAM FOOD RESCUE 10535 BATTLEVIEW PKWY MANASSAS, VA 20109	27-2433274	501(C)(3)	0	146,160	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
REACH FOR THE TOP LA INC 766 SUNSET AVE VENICE, CA 90291	57-1236341	501(C)(3)	0	249,168	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL HOPE INC 8989 N COYOTE SPRINGS RD PRESCOTT VLY, AZ 86315	84-3359872	501(C)(3)	0	232,325	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
JACOB & CUSHMANSAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	0	691,462	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE SHIP KITSSILICON VALLERY CREATES 38 W SANTA CLARA ST SAN JOSE, CA 95113	94-2825213	501(C)(3)	0	1,155,534	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
SEAGATE FOOD BANK 526 HIGH STREET TOLEDO, OH 43609	51-0252948	501(C)(3)	0	42,881	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501(C)(3)	0	611,180	ANNUAL PRODUCT STUDY FROM FEED AMERICA	CUCUMBERS, TOMATOES, CELERY AND ASPARAGUS	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
SECOND HARVEST FOOD BANK OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	0	752,961	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND HARVEST SANTA CRUZ FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	0	8,700	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
SF MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	0	69,600	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARING EXCESS 4942 CHANCELLOR ST PHILADELPHIA, PA 19139	86-2161466	501(C)(3)	0	19,488	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
SISKIYOU COMMUNITY FOOD BANK 1409 PYRITE DRIVE YREKA, CA 96097	47-2417905	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT GLEANERS 1021 RIVERSIDE DR MOUNT VERNON, WA 98273	94-3065925	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	0	219,825	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SLO FOOD BANK FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	0	8,018	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
SOCIETY OF SAINT ANDREWS 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	0	1,559,713	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST MISSOURI FOOD BANK 600 STATE HIGHWAY H SIKESTON, MO 63801	43-1395863	501(C)(3)	0	696,000	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
THE COMMUNITY PANTRY PO BOX 520 GALLUP, NM 87305	85-0460193	501(C)(3)	0	6,960	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE SQUARE 4190 NORTH PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	0	71,737	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
UNITED HANDS MULTIPURPOSE CENTER 719 W 138TH STREET COMPTON, CA 90222	82-3694217	501(C)(3)	0	373,987	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VIEW COMMUNITY FOOD BANK 10771 W PEORIA AVENUE SUN CITY, AZ 85351	77-0696933	501(C)(3)	0	320,160	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
VEGAN OUTREACH 3053 FREEPORT BLVD 282 SACRAMENTO, CA 95818	86-0736818	501(C)(3)	0	201,840	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIDA LIFE MINISTRIES 11608 CEDAR AVENUE BLOOMINGTON, CA 92316	47-1281964	501(C)(3)	0	213,602	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
WE DO BETTER RELIEF 1100 N ANCHOR WAY UNIT 403 PORTLAND, OR 97217	85-0760054	501(C)(3)	0	214,020	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE SHARE HOPE 310 BOURNE AVE BLDG 70 RUMFORD, RI 02916	27-1933460	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.
COPO 1081 CONEY ISLAND AVENUE BROOKLYN, NY 11230	75-3046891	501(C)(3)	0	73,950	ANNUAL PRODUCT STUDY FROM FEED AMERICA	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	92	50,081,183	ANNUAL PRODUCT STUDY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

32a		No
-----	--	----

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.

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.

Return Reference	Explanation
PART I COLUMN B	THE ORGANIZATION IS REPORTING IN PART I, COLUMN B, THE NUMBER OF CONTRIBUTIONS.

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 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
FARMLINK PROJECT

Employer identification number

85-1398171

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	AIDEN REILLY, THE HEAD OF PARTNERSHIPS, IS THE SON OF BOARD MEMBER KEVIN REILLY. THE UNPAID FOUNDER AND CO-CEO, JAMES KANOFF, IS THE SON OF BOARD MEMBER MARY-ELLEN KANOFF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FARMLINK PROJECT'S OUTSIDE CPA FIRM AND CEO PREPARE THE FORM 990. THE FORM IS THEN REVIEWED AND APPROVED BY THE ORGANIZATION'S CEO. THE FORM IS THEN PROVIDED TO THE FULL BOARD FOR REVIEW BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. UNDER THE POLICY, EMPLOYEES AND FELLOWS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. TRANSACTIONS WITH OUTSIDE FIRMS MUST BE CONDUCTED WITHIN A FRAMEWORK ESTABLISHED AND CONTROLLED BY THE EXECUTIVE LEVEL LEADERSHIP OF THE ORGANIZATION. PROMOTIONAL PLANS THAT COULD BE INTERPRETED TO INVOLVE UNUSUAL GAIN REQUIRE SPECIFIC EXECUTIVE-LEVEL APPROVAL. IF EMPLOYEES OR FELLOWS HAVE ANY INFLUENCE ON TRANSACTIONS INVOLVING PURCHASES, CONTRACTS, OR LEASES, THEY MUST DISCLOSE TO EXECUTIVE LEVEL LEADERSHIP OF THE ORGANIZATION AS SOON AS POSSIBLE OF THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARD OF DIRECTORS ADOPTED A COMPENSATION REVIEW POLICY RELATING TO THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND OTHER KEY EMPLOYEES. THE POLICY PROVIDES THAT THE REVIEW WILL BE CONDUCTED BY INDEPENDENT AND IMPARTIAL MEMBERS OF THE BOARD (OR A COMMITTEE OF THE BOARD). THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES BASED ON EXTERNAL COMPARABILITY DATA SUCH AS COMPENSATION PAID BY SIMILARLY SITUATED NONPROFITS AND FOR-PROFIT ORGANIZATIONS FOR COMPARABLE POSITIONS, AVAILABILITY OF SIMILAR SERVICES IN THE ORGANIZATION'S GEOGRAPHIC AREA; CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE COVERED INDIVIDUAL'S SERVICES. IN ADDITION, THE BOARD WILL ALSO REVIEW THE COMPENSATION OF THE PRESIDENT, TREASURER, AND ANY OTHER INDIVIDUALS REGARDLESS OF TITLE WITH RESPONSIBILITIES COMPARABLE TO THE CEO, PRESIDENT, CFO, INCLUDING THE PERSON WHO HAS ULTIMATE RESPONSIBILITY FOR MANAGING THE ORGANIZATION'S FINANCES. THE BOARD OF DIRECTORS WILL DOCUMENT HOW IT REACHED ITS DECISIONS AND THE DOCUMENTATION WILL NOTE THE TERMS OF THE COMPENSATION AND THE DATE IT WAS APPROVED, THE BOARD MEMBERS WHO WERE PRESENT AND VOTED DURING THE MEETING, THE RECOMMENDATIONS RECEIVED FROM CONSULTANTS, AND THE COMPARABLE DATA OBTAINED AND RELIED UPON.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. HOWEVER, CURRENT TAX LAW DOES NOT REQUIRE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS BE PROVIDED TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	MISCELLANEOUS: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 149. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 149. TAXES AND LICENSES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 75. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 75.