

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
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- 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
3680 WILSHIRE BLVD STE P04-1590

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90010

F Name and address of principal officer:
BENJAMIN COLLIER
3680 WILSHIRE BLVD STE P04-1590
LOS ANGELES, CA 90010

D Employer identification number
85-1398171

E Telephone number
(701) 515-4769

G Gross receipts \$ 55,410,377

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 | 5 |
| 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 2022 (Part V, line 2a) | 5 | 20 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 147 |
| 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 | 55,253,352 |
| 9 Program service revenue (Part VIII, line 2g) | 29,606 | 155,575 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 136 | 1,450 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 805 | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 51,204,063 | 55,410,377 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 50,081,183 | 49,494,248 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 234,285 | 1,071,584 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶665,744 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 793,484 | 2,432,599 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 51,108,952 | 52,998,431 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 95,111 | 2,411,946 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 3,073,736 | 5,251,556 |
| 21 Total liabilities (Part X, line 26) | 434,879 | 200,753 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,638,857 | 5,050,803 |

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: 2023-11-13

BENJAMIN COLLIER 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:

SEE SCHEDULE O

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 \$ 51,904,033 including grants of \$ 49,494,248) (Revenue \$ 155,575)
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 ▶ 51,904,033

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 5 main columns: Question/Section, 2a, 2b, 3a, 3b. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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 (5), 1b (4), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA
18 Section 6104 requires an organization to make its 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.
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 3680 WILSHIRE BLVD STE P04-1590 LOS ANGELES, CA 90010 (609) 375-4530

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NATHAN CHAPPELL TREASURER | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (2) ANDREW GOLDMAN CHAIRMAN/PRESIDENT | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (3) MARY ELLEN KANOFF SECRETARY | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (4) KEVIN REILLY BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (5) VALERIE BROWN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (6) BENJAMIN COLLIER CEO | 40.00 | | | X | | | 69,792 | 0 | 0 | |
| (7) CERINA CORRIGAN HEAD OF FINANCE | 40.00 | | | X | | | 39,560 | 0 | 3,049 | |
| (8) EMMA WORTH VP OF DEVELOPMENT | 40.00 | | | | X | | 124,287 | 0 | 0 | |
| (9) LUIS YEPIZ CHIEF PROCUREMENT OFFICER | 40.00 | | | | X | | 126,941 | 0 | 8,487 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with numerical values.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for Andy Levitt.

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

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 | 48,828,549 | 48,828,549 | | |
| 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. | 665,699 | 665,699 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 372,117 | 165,975 | 60,218 | 145,924 |
| 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 | 622,134 | 277,490 | 100,677 | 243,967 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,280 | 571 | 207 | 502 |
| 9 Other employee benefits | 9,097 | 4,058 | 1,472 | 3,567 |
| 10 Payroll taxes | 66,956 | 29,864 | 10,835 | 26,257 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 42,295 | 4,923 | 37,372 | |
| 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) | 571,582 | 336,650 | 121,585 | 113,347 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 24,096 | | 22,109 | 1,987 |
| 14 Information technology | 4,282 | 3,062 | 153 | 1,067 |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 77,010 | 39,929 | 35,330 | 1,751 |
| 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 | 10,123 | | 10,123 | |
| 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 | 1,265,349 | 1,265,349 | | |
| b CARBON OFFSET | 168,580 | 168,580 | | |
| c VOLUNTEER STIPEND | 110,509 | 75,273 | 1,636 | 33,600 |
| d DUES & SUBSCRIPTIONS | 71,661 | 37,777 | 19,159 | 14,725 |
| e All other expenses | 87,112 | 284 | 7,778 | 79,050 |
| 25 Total functional expenses. Add lines 1 through 24e | 52,998,431 | 51,904,033 | 428,654 | 665,744 |
| 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 | 1,184,716 | 1 | 308,904 |
| | 2 Savings and temporary cash investments | 1,800,136 | 2 | 4,601,579 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 85,744 | 4 | 284,610 |
| | 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 | 25,025 |
| | 9 Prepaid expenses and deferred charges | 3,140 | 9 | 20,994 |
| | 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 | 10,444 |
| | 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) | 3,073,736 | 16 | 5,251,556 | |
| Liabilities | 17 Accounts payable and accrued expenses | 72,384 | 17 | 200,753 |
| | 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 | 362,495 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 434,879 | 26 | 200,753 |
| 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 | 2,536,327 | 27 | 4,160,448 |
| | 28 Net assets with donor restrictions | 102,530 | 28 | 890,355 |
| | 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 | 2,638,857 | 32 | 5,050,803 | |
| 33 Total liabilities and net assets/fund balances | 3,073,736 | 33 | 5,251,556 | |

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 | 55,410,377 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 52,998,431 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,411,946 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,638,857 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain 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 | 5,050,803 |

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 (2022)

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 JANUARY 1 TO DECEMBER 31, 2022, THE ORGANIZATION RECEIVED AND DISTRIBUTED 27,970,332 POUNDS OF FOOD - BEING PREDOMINATELY 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

2022

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 185,181
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 [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (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-2022. 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-2021. 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-2022. 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-2021. 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 2022 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | |

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** 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.**

| | | Yes | No |
|----------|--|-----|----|
| 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 2022 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-2022 | (iii) Distributable Amount for 2022 |
|--|---|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022: | | | |
| a From 2017. | | | |
| b From 2018. | | | |
| c From 2019. | | | |
| d From 2020. | | | |
| e From 2021. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018. | | | |
| b Excess from 2019. | | | |
| c Excess from 2020. | | | |
| d Excess from 2021. | | | |
| e Excess from 2022. | | | |

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

| |
|-------------------------------------|
| 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. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
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 July 25, 2006, and not on a historic structure listed in the National Register | 2d |

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 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).)

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 | 55,468,972 |
| 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 | 58,595 | |
| e | Add lines 2a through 2d | | 2e | 58,595 |
| 3 | Subtract line 2e from line 1 | | 3 | 55,410,377 |
| 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 | 55,410,377 |

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 | 53,057,026 |
| 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 | 58,595 | |
| e | Add lines 2a through 2d | | 2e | 58,595 |
| 3 | Subtract line 2e from line 1 | | 3 | 52,998,431 |
| 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 | 52,998,431 |

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 | |
| | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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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 58,595. |

Supplemental Information

| Return Reference | Explanation |
|--|-------------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | FREIGHT REIMBURSEMENT 58,595. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 0 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 0 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|---------------|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | NORTH AMERICA | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED. | 0 | N/A | 611,653 | FRESH PRODUCE | ANNUAL PRODUCT STUDY FROM FEED AMERICA |
| (2) | | NORTH AMERICA | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED. | 0 | N/A | 54,046 | FRESH PRODUCE | ANNUAL PRODUCT STUDY FROM FEED AMERICA |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--------------------|---|
| PART I, LINE 2: | <p>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.</p> |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: | |

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

2022

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DR OAKLAND, CA 94621 | 94-2960297 | 501(C)(3) | 0 | 118,086 | ANNUAL PRODUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| ARIZONA FOOD BANK NETWORK (AZFBN) 340 E CORONADO ROAD STE 400 PHONEIX, AZ 85004 | 86-0507679 | 501(C)(3) | 0 | 307,089 | ANNUAL PRODUCT STUDY FRESH PRODUCE | FESH 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CALIFORNIA EMERGENCY FOODLINK 5800 FOODLINK ST SACRAMENTO, CA 95828 | 68-0275330 | 501(C)(3) | 0 | 359,334 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DR FRESNO, CA 93725 | 77-0320851 | 501(C)(3) | 0 | 809,873 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| OPEN COLLECTIVE FOUNDATION 400 N BARRANCA AVE 3717 COVINA, CA 91723 | 81-4004928 | 501(C)(3) | 0 | 25,179 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| CLARK COUNTY FOOD BANK 6502 NE 47TH AVE VANCOUVER, WA 98661 | 91-1307564 | 501(C)(3) | 0 | 65,249 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COLLABORATIVE FOR FRESH PRODUCE PO BOX 152245 AUSTIN, TX 78715 | 82-4308154 | 501(C)(3) | 0 | 939,302 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| COMMUNITY ACTION PARTNERSHIP OF KERN FOOD BANK 1807 FELIZ DR BAKERSFIELD, CA 93307 | 95-2402760 | 501(C)(3) | 0 | 156,557 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COMMUNITY FOOD BANK OF SOUTHERN ARIZONA 11734 W GRIER RD MARANA, AZ 85653 | 51-0192519 | 501(C)(3) | 0 | 525,080 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 | 48,000 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CROSSROADS MISSION 985 18TH AVE NEWARK, NJ 07106 | 62-1555740 | 501(C)(3) | 0 | 15,130 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| CUMBERLAND FAMILY SHELTER 6140 MAYS LANDING RD VINELAND, NJ 08361 | 62-1582936 | 501(C)(3) | 0 | 27,648 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| EAST-WEST FOOD RESCUE 17641 GARDEN WAY WOODINVILLE, WA 98072 | 85-1100467 | 501(C)(3) | 0 | 1,699,523 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| EL PASOANS FIGHTING HUNGER FOOD BANK 9541 PLAZA CIR EL PASO, TX 79972 | 45-2893839 | 501(C)(3) | 0 | 948,271 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FARM SHARE 14125 SW 320TH STREET HOMESTEAD, FL 33033 | 65-0342192 | 501(C)(3) | 0 | 747,489 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FEED BHM - GRACE KLEIN COMMUNITY 2652 OLD ROCKY RIDGE RD HOOVER, AL 35216 | 80-0569639 | 501(C)(3) | 0 | 72,960 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FEEDING AMERICA HEADQUARTERS 35 EAST WACKER DRIVE CHICAGO, IL 60601 | 36-3673599 | 501(C)(3) | 0 | 153,600 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FEEDING NORTHEAST FLORIDA 1166 EDGEWOOD AVE N D/E JACKSONVILLE, FL 33254 | 46-5014769 | 501(C)(3) | 0 | 76,746 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FEEDING SAN DIEGO 9477 WAPLES ST 100 SAN DIEGO, CA 92121 | 26-0457477 | 501(C)(3) | 0 | 491,407 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FEEDING THE GULF COAST 5248 MOBILE S ST THEODORE, AL 36582 | 63-0821997 | 501(C)(3) | 0 | 76,800 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FEEDING THE MULTITUDES 50 AZALEA DR CANTON, NC 28716 | 41-2245774 | 501(C)(3) | 0 | 190,364 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FLORIDA FOOD FORCE 11523 PROSPEROUS DR ODESSA, FL 33556 | 82-3270729 | 501(C)(3) | 0 | 58,337 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FOOD BANK FOR MONTEREY COUNTY 353 W ROSSI ST SALINAS, CA 93907 | 77-0270228 | 501(C)(3) | 0 | 236,102 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FOOD BANK OF NORTHERN NEVADA 550 ITALY DR SPARKS, NV 89437 | 94-2924979 | 501(C)(3) | 0 | 861,823 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FOOD BANK OF THE RIO GRAND VALLEY 724 N CAGE BLVD PHARR, TX 78577 | 74-2421560 | 501(C)(3) | 0 | 262,817 | ANNUAL PRODUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FOOD FORWARD 5600 RICKENBACKER RD UNIT 2E BELL, CA 90201 | 90-0678872 | 501(C)(3) | 0 | 18,385,400 | ANNUAL PRODUCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FOOD SHARE OF VENTURA COUNTY 4156 SOUTHBANK RD OXNARD, CA 93036 | 77-0018162 | 501(C)(3) | 0 | 37,229 | ANNUAL PRDCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| FOODBANK OF SANTA BARBARA COUNTY 82 COROMAR DRIVE GOLETA, CA 93117 | 77-0169214 | 501(C)(3) | 0 | 163,423 | ANNUAL PRDCT STUDY FRESH PRODUCE | FESH 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FORGOTTEN HARVEST 15000 EIGHT MILE RD OAK PARK, MI 48237 | 38-2926476 | 501(C)(3) | 0 | 76,800 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| GRACE KLEIN COMMUNITY 2652 OLD ROCKY RIDGE RD HOOVER, AL 35216 | 80-0569639 | 501(C)(3) | 0 | 79,834 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GREATER BOSTON FOOD BANK 70 S BAY AVE BOSTON, MA 02118 | 04-2717782 | 501(C)(3) | 0 | 138,240 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| GREATER CHRIST TEMPLE 8800 THORNTON RD STOCKTON, CA 95209 | 91-0982375 | 501(C)(3) | 0 | 78,643 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GREY BEARS 9835 NEWELL CREEK RD BEN LOMOND, CA 95005 | 94-2298681 | 501(C)(3) | 0 | 230,749 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| HARVEST HOPE SC 2220 SHOP RD COLUMBIA, SC 29201 | 57-0725560 | 501(C)(3) | 0 | 10,852 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HARVEST TIME FOOD MINISTRIES 2200 VENTURA DRIVE BRENTWOOD, CA 94513 | 72-1325017 | 501(C)(3) | 0 | 163,200 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| HEART OF COMPASSION DISTRIBUTION 600 S MAPLE AVE MONTEBELLO, CA 90604 | 42-1573926 | 501(C)(3) | 0 | 680,033 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HELPING HARVEST 117 MORGAN DR READING, PA 19608 | 22-2456238 | 501(C)(3) | 0 | 95,023 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| HIGH DESERT SECOND CHANCE 16666 SMOKE TREE ST B3 HESPERIA, CA 92345 | 46-4690286 | 501(C)(3) | 0 | 2,638,270 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77209 | 74-2181456 | 501(C)(3) | 0 | 12,442 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| IMPERIAL VALLEY FOOD BANK 486 W ATEN RD IMPERIAL, CA 92251 | 83-1547019 | 501(C)(3) | 0 | 252,549 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LAREDO REGIONAL FOODBANK 2802 ANNA AVE LAREDO, TX 78040 | 74-2263742 | 501(C)(3) | 0 | 114,501 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| LOGAN SQUARE MUTUAL AID 2550 S LEAVITT ST CHICAGO, IL 60608 | 27-4553910 | 501(C)(3) | 0 | 7,127 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LOS ANGELES REGIONAL FOODBANK 1734 E 41ST ST LOS ANGELES, CA 90058 | 95-3135649 | 501(C)(3) | 0 | 133,549 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| LOVE COMMUNITY 535 UTICA AVE UNIT C BROOKLYN, NY 11203 | 20-1143111 | 501(C)(3) | 0 | 1,201,668 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MADERA COUNTY FOOD BANK 225 S PINE ST MADERA, CA 93637 | 77-0513488 | 501(C)(3) | 0 | 172,360 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| MAKE A DIFFERENCE FOOD PANTRY 922 N BREAZEALE AVE MT OLIVE, NC 28365 | 13-3179546 | 501(C)(3) | 0 | 80,640 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MANNA FOOD BANK 1101 BOSTON RD BRONX, NY 10456 | 58-1514800 | 501(C)(3) | 0 | 33,792 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| MARGARET FULLER NEIGHBORHOOD HOUSE 71 CHERRY ST CAMBRIDGE, MA 02139 | 04-2103782 | 501(C)(3) | 0 | 5,760 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MIDWEST FOOD BANK 440 ADAMS ST MANCHESTER, CA 06042 | 41-2120170 | 501(C)(3) | 0 | 582,261 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| MINISTERIOS CRISTIANOS FARO DE LUZ 9615 KALMIA ST LOS ANGELES, CA 90002 | 45-3414285 | 501(C)(3) | 0 | 84,096 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MONTE SION CENTER 4405 EAST OLYMPIC BLVD LOS ANGELES, CA 90023 | 95-4603541 | 501(C)(3) | 0 | 83,328 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| MONTEREY COUNTY FOOD BANK 353 W ROSSI ST LOS ANGELES, CA 93907 | 77-0270228 | 501(C)(3) | 0 | 36,255 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NAVAJO NATION 536 CR 7150 BLOOMFIELD, NM 87413 | 68-0566646 | 501(C)(3) | 0 | 390,363 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 | 57,650 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NORTHERN VIRGINIA FOOD RESCUE 10535 BATTLEVIEW PKWY MANASSAS, VA 20109 | 85-3050369 | 501(C)(3) | 0 | 76,800 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| NORTHWEST HARVEST 2820 B STREET NW SUITE 109 AUBURN, WA 98001 | 91-0826037 | 501(C)(3) | 0 | 837,224 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

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| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ORANGE COUNTY FOOD BANK 11870 MONARCH ST GARDEN GROVE, CA 92841 | 32-0362611 | 501(C)(3) | 0 | 32,938 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| PRAISEALUJAH FOOD DISTRIBUTION CENTER 20842 INTERNATIONAL BLVD SEATAC, WA 98198 | 01-0964541 | 501(C)(3) | 0 | 439,242 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 VALLEY, AZ 86315 | 84-3359872 | 501(C)(3) | 0 | 2,747,345 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403 | 68-0121855 | 501(C)(3) | 0 | 56,899 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVE PROVIDENCE, RI 02907 | 05-0395601 | 501(C)(3) | 0 | 69,120 | ANNUAL PRODUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| RURAL COMMUNITIES INITIATIVE FOUNDATION 474894 STATE HIGHWAY 101 MULDROW, OK 74948 | 83-2668521 | 501(C)(3) | 0 | 540,520 | ANNUAL PRODUCT STUDY FRESH PRODUCE | FESH 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 ANTONIO FOOD BANK 5200 HISTORIC OLD HWY 90 W SAN ANTONIO, TX 78227 | 74-2122979 | 501(C)(3) | 0 | 59,028 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121 | 20-4374795 | 501(C)(3) | 0 | 1,251,437 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVE NEW ORLEANS, LA 70123 | 72-0956468 | 501(C)(3) | 0 | 86,822 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| SECOND HARVEST FOOD BANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618 | 32-0362611 | 501(C)(3) | 0 | 80,640 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 SANTA CRUZ COUNTY 800 OHLONE PKWY WATSONVILLE, CA 95076 | 77-0326685 | 501(C)(3) | 0 | 8,640 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| SECOND HARVEST FOODBANK OF THE LEHIGH VALLEY 6969 SILVER CREST RD NAZARETH, PA 18064 | 22-1669589 | 501(C)(3) | 0 | 69,120 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 OF SILICON VALLEY 4001 N FIRST ST SAN JOSE, CA 95134 | 94-2614101 | 501(C)(3) | 0 | 66,906 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| SHARING EXCESS 5109 WARREN ST PHILADELPHIA, PA 19131 | 86-2161466 | 501(C)(3) | 0 | 808,080 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SOUTH TEXAS FOOD BANK 2121 JEFFERSON ST LAREDO, TX 78040 | 74-2574983 | 501(C)(3) | 0 | 86,016 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| SOUTHEAST TEXAS FOOD BANK 3845 S M L KING JR PKWY BEAUMOT, TX 77705 | 76-0338721 | 501(C)(3) | 0 | 82,579 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| TABLE TO TABLE 160 PEHLE AVE SUITE 303 SADDLE BROOK, NJ 07663 | 22-3646125 | 501(C)(3) | 0 | 423,216 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| THE 3000 CLUB TUCSON 4515 E 22ND ST TUCSON, AZ 85701 | 27-3295358 | 501(C)(3) | 0 | 924,588 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE FOOD BANK DAYTON 56 ARMOR PL DAYTON, OH 45417 | 86-1082880 | 501(C)(3) | 0 | 22,441 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| THE FOOD BANK OF CONTRA COSTA AND SOLANO 2370 N WATNEY WAY FAIRFIELD, CA 94533 | 94-2418054 | 501(C)(3) | 0 | 45,600 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE FREEDOM TOUR 451 EAGLE RIDGE DR LAKE WALES, FL 33895 | 81-4516415 | 501(C)(3) | 0 | 324,864 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| THREE SQUARE 4190 N PECOS RD LAS VEGAS, NV 89115 | 30-0396918 | 501(C)(3) | 0 | 95,931 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| TULLAHOMA FOOD BANK 120 W GRUNDY ST TULLAHOMA, TN 37388 | 62-1778240 | 501(C)(3) | 0 | 62,604 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| UNITED ACROSS BORDERS 1018 E CHESTNUT AVE UNIT A SANTA CLARA, CA 92701 | 83-4655166 | 501(C)(3) | 0 | 385,428 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UNITED FARM WORKERS PO BOX 62 KEENE KEENE, CA 93531 | 94-1448579 | 501(C)(3) | 0 | 57,135 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| UNITED HANDS 139TH ST AND 1421 N WILMINGTON AVE COMPTON, CA 90222 | 85-2428315 | 501(C)(3) | 0 | 953,923 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 AVE SUN CITY, AZ 85351 | 77-0696933 | 501(C)(3) | 0 | 128,640 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 | 1,120,524 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 AVE BLOOMINGTON, CA 92316 | 47-1281964 | 501(C)(3) | 0 | 1,298,100 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545 | 04-3071457 | 501(C)(3) | 0 | 34,560 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| YAQUI NATION 7474 S CAMINO DE OESTE TUCSON, AZ 85746 | 83-2106041 | 501(C)(3) | 0 | 67,200 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| YAWKEY CLUB OF ROXBURY BOYS & GIRLS CLUB OF BOSTON 115 WARREN ST ROXBURY, MA 02119 | 04-2103922 | 501(C)(3) | 0 | 17,280 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| YORK COUNTY FOOD BANK 15 MARIANNE DR YORK, PA 17406 | 23-2452484 | 501(C)(3) | 0 | 82,906 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |
| YUMA COMMUNITY FOOD BANK 2404 E 24TH ST YUMA, AZ 85365 | 86-0457836 | 501(C)(3) | 0 | 85,450 | ANNUAL PRDUCT STUDY FRESH PRODUCE | FESH PRODUCE | TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED |

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization FARMLINK PROJECT

Employer identification number 85-1398171

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) AIDAN REILLY | FAMILY MEMBER OF KEVIN REILLY A BOARD MEMBER | 70,000 | PAYROLL | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

- ▶ 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 | X | 1 | 9,938 | MARKET QUOTED PRICE |
| 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 | 12 | 49,494,248 | ANNUAL PRODUCT STUDY |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (CRYPTOCURRENCY) | X | 1 | 19,943 | EXCHANGE MARKET VALU |
| 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 |
| 31 | Yes | |
| 32a | | 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?

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

b If "Yes," describe in Part II.

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

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

2022**Open to Public
Inspection**Name of the organization
FARMLINK PROJECT

Employer identification number

85-1398171

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------|---|
| PART III LINE 1 | 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | AIDAN 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 |
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| 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 |
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| FORM 990, PART IX, LINE 11G | CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 321,199. MANAGEMENT AND GENERAL EXPENSES 16,017. FUNDRAISING EXPENSES 111,920. TOTAL EXPENSES 449,136. PAYROLL FEES: PROGRAM SERVICE EXPENSES 1,624. MANAGEMENT AND GENERAL EXPENSES 589. FUNDRAISING EXPENSES 1,427. TOTAL EXPENSES 3,640. FINANCIAL CONSULTING: PROGRAM SERVICE EXPENSES 4,935. MANAGEMENT AND GENERAL EXPENSES 37,471. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 42,406. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 8,892. MANAGEMENT AND GENERAL EXPENSES 67,508. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 76,400. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART IX, LINE 24E | MISCELLANEOUS: PROGRAM SERVICE EXPENSES 284. MANAGEMENT AND GENERAL EXPENSES 126. FUNDRAISING EXPENSES 53,521. TOTAL EXPENSES 53,931. MARKETING EXPENSES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 25,529. TOTAL EXPENSES 25,529. TAXES AND LICENSES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 7,652. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,652. |