Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public Inspection

7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 41,161. 19	
Doing business as	
Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 240-615-8813	
Tinal Final Fin	
City or town, state or province, country, and ZIP or foreign postal code Amended Amended	
Amended Applica Policy Form of organization: X Corporation Trust Association Other L Year of formation: 2011 M State of legal domic STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of volunteers (estimate if necessary) To extend the prior Year Prior Year Current Year Prior Year Prior Year Current Year Prior	90
Application F Name and address of principal officer:REGINA ANDERSON 1100 H STREET NW #520, WASHINGTON, DC 20005 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes If "No," attach a list. See instruction Website: WWW FOODRECOVERYNETWORK ORG H(c) Group exemption number Moreon No.	. 90 •
1100 H STREET NW #520, WASHINGTON, DC 20005 H(b) Are all subordinates included? Yes	7 N.
I Tax-exempt status:	No
Website: WWW FOODRECOVERYNETWORK ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2011 M State of legal domice Part Summary	
Part I Summary 1 Briefly describe the organization's mission or most significant activities: FOOD RECOVERY NETWORK UNITES STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE.	5
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Briefly describe the organization's mission or most significant activities: FOOD RECOVERY NETWORK UNITES STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year 931, 907, 1,008, 5	10. 222
STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 931 907 1 008	
5 Total number of individuals employed in calendar year 2020 (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7 b Prior Year Current Yea 9 31 9 0 7 1 0 0 8 7	
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6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7 b Prior Year Current Year 9 31 907 1 008 5	14
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Prior Year Current Year 931 907 1 008 5	0.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, line 2g) 9 1,008,7 1,008,7	<u> </u>
9 Program service revenue (Part VIII, line 2g) 41,161. 19,1	
<u> </u>	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 55.	15.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 54•	515.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 973,175. 1,028,4	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,768. 14,768.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 475, 218. 562, 5	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 475,216 502,3 16a Professional fundraising fees (Part IX, column (A), line 11e) 81,585 53,1 b Total fundraising expenses (Part IX, column (D), line 25) 205,159 .	.00.
b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 870, 925. 875, (
19 Revenue less expenses. Subtract line 18 from line 12	:80•
Beginning of Current Year End of Year Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Beginning of Current Year End of Year 755,718. 944,0 83,920. 118,8 671,798. 825,2	OF
20 Total assets (Part X, line 16) 755,718. 944,0	
21 Total liabilities (Part X, line 26) 83,920. 118,8	
본국 22 Net assets or fund balances. Subtract line 21 from line 20	70.
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 believed.	f it ic
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	1, 11 15
tada, con cod, and complete. Social attention of property (cities than onloss) is based on an information of which property rate any knowledge.	
Sign Date	
Here REGINA ANDERSON, EXECUTIVE DIRECTOR	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN	
Paid JACQUELINE M. REARDON, CP Jacqueline W. Reardon 01/10/22 self-employed P0024241	.1
Preparer Firm's name ROSEN, SAPPERSTEIN & FRIEDLANDER, LLC Firm's EIN 47-5153865	
Use Only Firm's address 405 YORK ROAD	
TOWSON, MD 21204 Phone no. (410) 581-08	
May the IRS discuss this return with the preparer shown above? See instructions	00

Га	Check if Cabadula O contains a visco accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	FOOD RECOVERY NETWORK UNITES STUDENTS ON COLLEGE AND UNIVERSITY
	CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE BY RECOVERING PERISHABLE
	FOOD THAT WOULD OTHERWISE GO TO WASTE FROM THEIR CAMPUSES AND THE
	SURROUNDING COMMUNITIES AND DONATING IT TO PEOPLE IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X No
Ū	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	FOO FOO 14 OO4 10 70F
	FOOD RECOVERY NETWORK (FRN) AIMS TO FEED EVERY PERSON WHO IS
	EXPERIENCING HUNGER IN THE UNITED STATES. EVEN WHEN OUR WORLD
	FUNDAMENTALLY SHIFTED DUE TO THE COVID-19 PANDEMIC, THE DEDICATION OF
	OUR STUDENTS NEVER FALTERED. OUR NETWORK OF 4,000 STUDENTS, ALUMNI,
	DINING PROVIDERS, NATIONAL PARTNERS AND LOCAL BUSINESSES RECOVERED 1.3
	MILLION POUNDS OF FOOD FROM CAMPUS, FARMS AND BUSINESSES, WHICH WOULD
	OTHERWISE HAVE GONE TO WASTE, TO HELP FEED THE NEARLY 42 MILLION PEOPLE
	WHO EXPERIENCED HUNGER THIS YEAR.
4b	(Code:) (Expenses \$
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 523,580.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			 ₩
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Form **990** (2020)

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Part IV | Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$8,000 of grants or other assistance to or for domestic individuals on Part X, column A), line 27 if Virey, "complete Schedule I, Part I and III A 24 Did the organization answer "Ver" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officere, directors, frustees, key employees, and highest compensated employees? If "Vex," complete Schedule I, Bart III A and				Yes	No
Did the organization answer "Yes" to Part VII, Saction A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization current and former officers, directors, trustees, key employees. An implication of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compilete Schedule K. If "No," to no line 25a 24a	22		22		
24 Dut 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? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." to 0 the 24d and seem and the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." to 0 the 25d and a second second of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule C. Det the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Det the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Det the organization are second as an one behalf of issuer for bonds outstanding at any time during the year? 24d Det the organization are second period with a disciplination of the year, and that the transaction with a disqualled person during the year? If Yes, complete Schedule L, Part I 25a Section 50(fc)(3), 50(fc)(4), and 50(fc)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualled person of under the year? If Yes, complete Schedule L, Part II 25b Det the organization are expected and any of the organization prior forms of 00 or 900-EZP If Yes, complete Schedule L, Part II 26 Det 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 electron committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, complete Schedule L, Part IV 27 Eas A Tax III was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, complete Schedule L, Part IV 28 Was the organizat	23				
Schedule J. 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", yo to line 25a Did the organization maintain an escrew account other than a refunding escrew at any time during the year 10 defease any tax-exempt bonds? d Did the organization maintain an escrew account other than a refunding escrew at any time during the year 10 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 10 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 10 defease any tax-exempt bonds? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year 17 "Yes," complete Schedule I, Part I 25a X better 10 the particular to the particular than transaction with a disqualified person during the year 17 "Yes," complete Schedule I, Part II 25a X 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 former officer, director, trustee, key employee, cr	20				
24a Dut the coganization have a tox-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? If "Yes," answer lines 24b through 24d and complete \$24a			23	x	
size day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", po to the 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization are an an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a Section 50(E(3), 601(E(4)), and 501(E/29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization persons 990 or 999 E27 If "Yes," complete Schedule I, Part I 25b Did the organization aware that the regaged in an excess benefit transaction who are successed to the schedule I, Part II 25c Did the organization are port any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusice, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27c Did the organization any transaction with nor of the following particle (see Schedule I, Part II) 28d Was the organization apart by a business transaction with nor of the following particle (see Schedule I, Part II) 28d Was the organization are part of the substance to any current or former office, director, fusice, key employee, terodo or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 29d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No." go to line 25a					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 b did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 b did the organization and say an 'on behalf o' issuer for bonds outstanding at any time during the year' of delease any tax-exempt bonds? 2 b If the organization act as an 'on behalf o' issuer for bonds outstanding at any time during the year? 2 d d Did the organization act as an 'on behalf o' issuer for bonds outstanding at any time during the year? 2 d b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year'? 2 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 £2? If 'Yes,' complete Schedule L, Part I 2 b If the organization aware that the engaged in an excess benefit transaction with an 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 or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 2 b If the organization approach or of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or any organization approach or a part to a business transaction with one of the following parties (see Schedule L, Part II) 2 b If the organization approach or any individual described in line 28a? If 'Yes,' complete Schedule L, Part II 2 b A A 35% controlled entity of one or more Individuals and/or organizations described in lines 28a or 28b7! 2 b Yes, 'complete Schedule L, Part II 2 b If the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule R, Part II			24a		Х
any tax-exempt bonds? d Did the organization as an *on behalf of 'issuer for bonds outstanding at any time during the year? 24d	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(3), 501(4), 4n ad 5	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b Did the organization perport 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 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28b Was the organization a party to a business transaction with one of the following parties (see 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? If "Yes," complete Schedule L, Part IV 28b X 27b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 27c A Schedule L, Part IV 27c A Schedule L, Part IV 28c X 27d Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I I 28c A Schedule N, Part II 28d Did the organization one, oxhange, dispose of, or transfer more than 25% of its net assets; If Yes, complete S		any tax-exempt bonds?	24c		
b Is the organization ware 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? If "Ves," complete Schedule L, Part I 256 X 250 Did the organization report any amount on Part X, line 6 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? If "Ves," complete Schedule L, Part II 26 X 271 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Ves," complete Schedule L, Part III 271 X 282 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 272 X 283 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 273 X 284 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part III 286 X 285 A family immember of any individual described in line 28a1 If "Yes," complete Schedule I., Part IV 286 X 286 A family immember of any individual described in line 28a1 If "Yes," complete Schedule II Part IV 286 X 287 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II Part II 286 X 288 Did the organization in evidence make the full of the particular to receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 31 X 289 Did the organization liquidate, terminate, or dissolve and cease operation	d		24d		
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 99 or 990 c 990 c 990 E27 if "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Saba Did the organization have a controlled entity within the meaning of section 512(b)(13)? By 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Told 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? If "Yes," complete Schedule R, Part V II Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Did the organization complete Schedule O. and provide explanations in Schedule O. Did the organization complete Schedule O. and provide explanations in Schedule O. Did the organization complete Schedule O. and provide explanation in this Part V. Did the organization complete Schedule O.	29		—		
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Form **990** (2020)

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

2a 14 b If a least one is reported on line 2a, did the organization for lair output departs employment tax returns? b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2s is greater than 250, you may be required to 6-file recipient output 50. b If Vers. Inset if lied a form 1900 To this year? If Not 10 rine 30, provide an explaination on Schedule 0 3b If Vers. Inset if lied a form 1900 To this year? If Not 10 rine 30, provide an explaination on Schedule 0 3b If Vers. Inset if lied a form 1900 To this year? If Not 10 rine 30, provide an explaination on Schedule 0 3c If Vers. Inset if lied a form 1900 To this year? If Not 10 rine 30, provide an explaination on Schedule 0 3c If Vers. Inset if we have the name of the foreign country by 11 Vers. Inset if we have the name of the foreign country by 11 Vers. Inset if he name of the foreign country by 11 Vers. Inset if he name of the foreign country by 11 Vers. Inset if he name of the foreign country by 11 Vers. Inset if he name of the foreign country by 11 Vers. Inset if he name of the foreign country by 11 Vers. Inset if he name of the organization that it was or is a party to a prohibitot as whether transaction? 5c If Yers to line 6 are 55, did the organization that it was or is a party to a prohibitot as whether transaction? 5d a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles of exhibitation and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yers, I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution? 7d Organizations that may receive deductible organization from 10 the payor to solicitation and the payor that the payor that the payor that the payor					Yes	No
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b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization appray to a prohibited tax shefler transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefler transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edicutible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Id the organization state any receive deductible contributions under section 170(c). b If "Yes," did the organization nority the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 7c X 7d Did the organization received a contribution of cars, boats, singlance, or other vehicles, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, singlance, or other vehicles, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, singlance, or other vehicles, did the organization file Form 8899 as required? 7b If the organization received a contribution of cars, boats, singlance, or other vehicles, did the organization file Form 8890 as required? 7b If the organization received a contribut	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	-		11b			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18b 13a 13a 13b 21b 21b 22b 13a 23b 24b 25b 27b 27b 27b 27b 27b 27b 27	12a			12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	14a			14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b			14b		
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
		If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\lfloor X \rfloor$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	77
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 11	Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		22
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		- 11
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the state of t	16b		
Sec	tion C. Disclosure	IUU		
17	List the states with which a copy of this Form 990 is required to be filed ►CA, DC, IL, MA, MD, ME, MN, NJ, NY	, PA	, VA	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	, 5 51 my	, avan	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	KATIE AGUILA, OPERATIONS COORDINATOR - (240) 615-8813			
	1100 H STREET NW #520, WASHINGTON, DC 20005			

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per		not c		more	l than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	nstitutional trustee		yee	Highest compensated employee		(***2/1099*****100)		and related
	below	idual	utions	<u></u>	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) REGINA ANDERSON	50.00									
EXECUTIVE DIRECTOR		Х		Х				152,512.	0.	0.
(2) BILL MCCONAGHA	3.00									
TREASURER		Х		Х				0.	0.	0.
(3) PERTEET SPENCER	3.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) BOB GOLDBERG	1.50							_	_	_
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(5) JESSICA FELIX-ROMERO	1.50								_	
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(6) CLAIRE CUMMINGS	1.50									
FORMER ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(7) PETE ASHI	1.50	l								•
FORMER ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(8) TINA GALBRAITH-GOOCH	3.00	l							•	
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) JENNIFER SCHMITT	3.00	l							•	
SECRETARY	1 50	Х		Х				0.	0.	0.
(10) FRIDA ENDIJOK	1.50	١							•	
FORMER ASSOCIATE BOARD MEMBER	1.50	Х						0.	0.	0.
(11) KENT WILSON	1.50	١							•	
ASSOCIATE BOARD MEMBER	1 50	Х						0.	0.	0.
(12) KEVIN RETTLE	1.50	,,							0	0
ASSOCIATE BOARD MEMBER	1 50	Х						0.	0.	0.
(13) MATT KRUSE	1.50	٠,,							0	_
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
		-								
		_								
		ł								
				\vdash	\vdash		\vdash			
		1								
			\vdash		\vdash					
		ł								

Pa	T VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)			Pos	C) ition	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			stimate nount (
		week				s person is both an a director/trustee)			from	from related		"	other	<i>J</i> 1
		(list any	rector						the	organization		l	pensa	
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	I	om the anizati	
		organizations	truste	al trus		yee	uaduc		(** 27 1000 141100)			ı ~	d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
		iii ie)	Р	lıs	#5	Key	E E	윤						
	Subtotal								152,512.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								152,512.		0.			0.
2	Total number of individuals (including but n								<u> </u>	.000 of reportab		<u> </u>		
	compensation from the organization									, I			. I	1
3	Did the organization list any former officer,	director trust	ee l	kev e	emn	love	e o	r hio	thest compensated emp	llovee on			Yes	No
·	line 1a? If "Yes," complete Schedule J for s	•		•		•		_		•		3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•		3	5		Х
Sec	tion B. Independent Contractors	piete Scriedur	e	01 30	ucn	pers	SOII .					<u> </u>		
1	Complete this table for your five highest co										npens	ation :	from	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ing v	vith	or w	rithir 	n the organization's tax y (B)	/ear.		(0	<u>.,</u>	
	Name and business	address	N	INC	E				Description of s	ervices	С		nsatio	า
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >				(0					Form	990 c	2020)

Га	rt V	Ш				5			
			Check if Schedule O	contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts Its	1	а	Federated campaigns	1a					
ìrar oun			Membership dues						
s, G			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations						
is, (Government grants (contr		86,082.				
tion S			All other contributions, gifts,						
ibul			similar amounts not included	above 1f	922,668.				
d O		g	Noncash contributions included in	lines 1a-1f 1g \$					
ည် မ		h	Total. Add lines 1a-1f		>	1,008,750.			
					Business Code				
e C	2	а	OTHER INCOME		812000	13,910.			
ē Ž		b	FOOD RECOVERY	VERIFIED	812000	5,200.	5,200.		
Senu		С							
ran Sev		d							
Program Service Revenue		е							
Δ.		f	All other program service i	revenue					
		g	Total. Add lines 2a-2f			19,110.			
	3		Investment income (include	,	•	4-			1.5
			other similar amounts)			15.			15.
	4		Income from investment of						
	5		Royalties						
	_			(i) Real	(ii) Personal				
	6		***************************************	6a					
			Less: rental expenses	6b					
			Rental income or (loss)	[6c]					
	_		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	′	а		''	(ii) Other				
		L	assets other than inventory Less: cost or other basis	7a					
ē		D		7b					
Revenue		_	Gain or (loss)						
Вev		Ч	Net gain or (loss)	[70]	<u> </u>				
ē	8		Gross income from fundraisir						
₹		_	including \$,					
			contributions reported on						
			Part IV, line 18						
		b	Less: direct expenses						
			Net income or (loss) from						
	9	а	Gross income from gamin	g activities. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from	gaming activities					
	10	а	Gross sales of inventory, I	ess returns					
			and allowances						
		b	Less: cost of goods sold	10b	0.	64.5	64.5		
		С	Net income or (loss) from	sales of inventory		615.	615.		
S					Business Code				
ne eo	11								
llar		b							
Miscellaneous Revenue		C	All alls and						
Ξ			All other revenue						
	12	е	Total. Add lines 11a-11d Total revenue. See instructio			1,028,490.	19,725.	0.	15.
	12		i viai i evenue. See misu ucho	າເວ		<u> -,040,470.</u>	1 17,143.	1 0 •	17.

032009 12-23-20

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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 14,234 14,234. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 156,649. 156,649. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 307,098. 101,220. 78,444. 127,434. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,168. 21,201. 12,009. 5,024. Other employee benefits 9 77,572. 62,002. 5,933. 9,637. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 22,617. 22,617. Accounting Lobbying 53,100. 53,100. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 10,538 10,538. column (A) amount, list line 11g expenses on Sch O.) 5,569. 5,569. Advertising and promotion 12 5,900. 687. 5,213. Office expenses 13 7,427. 5,833. 1,594. 14 Information technology Royalties 15 7,431 74,310. 55,732. 11,147 16 Occupancy 3,389 3,427 38. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 996. 996. Depreciation, depletion, and amortization 22 7,527. 7,527. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 104,123. 104,123. 0. CONTRACTORS **MISCELLANEOUS** 2,722. 2,722. С d All other expenses 875,010. 523,580. 146,271. 205,159. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2020)

Check here

if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 350,204. 746,560. Cash - non-interest-bearing 1 282,514. 82,525. 2 Savings and temporary cash investments 123,000. 115,000. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 996. basis. Complete Part VI of Schedule D _____ 10a 0. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 755,718. 944,085. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,666. 12,140. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 77,254. 106,667. of Schedule D 83,920. 118,807. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 671,798. 825,278. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 L and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 825,278. 671,798. Total net assets or fund balances 32 32 755,718. 944,085. 33 Total liabilities and net assets/fund balances ...

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2			10.
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67	1,7	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	82	5,2	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number Name of the organization FOOD RECOVERY NETWORK INC. 45-3836775 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	450,407.	674,452.	753,601.	931,907.	1,008,750.	3,819,117.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	450 405	654 450	DE2 601	021 007		
4	Total. Add lines 1 through 3	450,407.	674,452.	753,601.	931,907.	1,008,750.	3,819,117.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1 200 052
_	column (f)						1,392,853.
<u>6</u>	Public support. Subtract line 5 from line 4.						2,426,264.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 450, 407.	(b) 2017 674,452.	(c) 2018 753,601.	(d) 2019 931,907.	(e) 2020 1,008,750.	3,819,117.
	Gross income from interest,	130/10/1	07171321	7337331	331/30/1	1,000,700.	3,013,117.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1.	43.	55.	15.	114.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							3,819,231.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	109,179.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (14	63.53 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	67.99 %
16a	33 1/3% support test - 2020. If the	•		•		•	
	stop here. The organization qualifies						X
b	33 1/3% support test - 2019. If the						is box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact			=	•	_	
	meets the facts-and-circumstances to	-	•		-	17a and line 15 is 1	
b	10% -facts-and-circumstances tes	_					iu% or
	more, and if the organization meets the		•				▶ □
40	organization meets the facts-and-circ						~
18	Private foundation. If the organization	ni dia not check a	DOX ON TIME 13, 16	a, 100, 1/a, 01 1/k	o, check this box a	ina see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve						,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(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. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 bolow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Straction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O!-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	ganization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2020

Pai	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)			
Sect	Section D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exe	1				
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns 3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э			
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i_	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					

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b Excess from 2017c Excess from 2018d Excess from 2019e Excess from 2020