Form <b>990</b>
(Rev. January 2020)
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)

**b** 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 019 ſ Open to Public Inspection

AF	or the	e 2019 calendar year, or tax year beginning $ m JUL1,2019$ and ei	nding J	UN 30, 2020	
Bc	Check if pplicabl	C Name of organization		D Employer identific	cation number
X	Addre chang				
	Name chang	e Doing business as	45-38367	75	
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) <b>1100 H STREET NW #520</b>		5-8813	
	termin ated		G Gross receipts \$	973,857.	
	Amen			H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: REGINA ANDERSON	20005		? 🖸 Yes 🔀 No
1 1		empt status: $X = 501(c)(3) = 501(c)() + (insert no.) = 4947(a)(1) or$			list. (see instructions)
		te: WWW.FOODRECOVERYNETWORK.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: MD
	art I	Summary			
		Briefly describe the organization's mission or most significant activities: <b>FOOD</b>	RECOV	ERY NETWORK	UNTTES
ce	'	STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOO		TE AND FEED	PEOPLE
Governance					
veri		Check this box      if the organization discontinued its operations or dispose		I I	15 sets.
ĝ					13
		Number of independent voting members of the governing body (Part VI, line 1b)			13
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		2939	
ţ		Total number of volunteers (estimate if necessary)			<u> </u>
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		
				Prior Year 753,601.	Current Year
ne		Contributions and grants (Part VIII, line 1h)		=	931,907. 41,161.
Revenue		Program service revenue (Part VIII, line 2g)		6,455. 43.	<u>41,101.</u> 55.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-927.	52.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		759,172.	973,175.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,032.	4,768.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		401,375.	475,218.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) <b>246,66</b>	····· —	66,225.	81,585.
Expenses				140 000	200 254
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		140,909.	309,354.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		613,541.	870,925.
<u>, o</u>	19	Revenue less expenses. Subtract line 18 from line 12		145,631.	102,250.
IC S			Be	ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		596,321.	755,718.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		26,773.	83,920.
		Net assets or fund balances. Subtract line 21 from line 20		569,548.	671,798.
	art II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is
true,	, correc	t, and complete. Decayation of preparer (other than officer) is based on all information of whic	ch preparer		
		Algura Chiller		2/10/20	)21
Sig	n	Signature of officer		Date	

Sign	Signature of officer	Dale
Here	REGINA ANDERSON, EXECUTIVE DIRECTOR	R
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid		Reardon 02/08/21 self-employed P00242411
Preparer	Firm's name 🕨 ROSEN, SAPPERSTELM & FRIEDLA	NDER, LLC   Firm's EIN ▶ 47-5153865
Use Only	Firm's address 405 YORK ROAD	
	TOWSON, MD 21204	Phone no. (410) 581-0800
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
		- 000 (*****

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) FOOD RECOVERY NETWORK INC.	45-3836775	Page 2
Par	t III Statement of Program Service Accomplishments		Г <u> </u>
1	Check if Schedule O contains a response or note to any line in this Part III		∟
'	Briefly describe the organization's mission: FOOD RECOVERY NETWORK UNITES STUDENTS ON COLLEGE AN	ND UNIVERSITY	
	CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE BY REC		LE
	FOOD THAT WOULD OTHERWISE GO TO WASTE FROM THEIR CA	AMPUSES 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		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program se	arvices as measured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio		
	revenue, if any, for each program service reported.	· · · · ·	
4a	(Code: ) (Expenses \$ 498, 273 • including grants of \$ 4,768	• ) (Revenue \$ 85,	100.
	THE FOOD RECOVERY NETWORK, INC. CONTINUED TO EXPANI		
	SERVICES. FOOD RECOVERY NETWORK REACHED THREE MILLI		PLUS
	FOOD RECOVERED AND EXPANDED PROGRAMS LIKE REGIONAL		
	COORDINATORS, MOVE OUT FOR HUNGER AND OUR ALUMNI PH	ROGRAM .	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	
4.1			
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 498,273.	)	
		Form <b>9</b>	<b>90</b> (201
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	2		
50	208 759746 05708000 2019.05040 FOOD RECOVERY N	ETWORK INC. 0570	0080

Form 990 (2019)

FOOD RECOVERY NETWORK INC. 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)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	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	4		- 23
5	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	5		
Ŭ	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			X
b	<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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			v
	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	Tie	21	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18				v
10	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,"	10		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	ļ	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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FOOD RECOVERY NETWORK INC.

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? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x	
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240			
C	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	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? 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's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27					
	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</i> "Yes," <i>complete Schedule L, Part III</i>	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21			
20	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If				
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	00		x	
33	Schedule N, Part II	32			
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33			
01	Part V, line 1	34		x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
	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	35b			
36	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	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x		
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	л		
	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 1				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		
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Part V

## 019) FOOD RECOVERY NETWORK INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
a	If "Yes," enter the name of the foreign country								
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
•••	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X					
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			х					
е									
f									
g									
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
9	sponsoring organization have excess business holdings at any time during the year?	8							
э а		9a							
	Did the sponsoring organization make any taxable distributions under section 4966?	9b							
10	Section 501(c)(7) organizations. Enter:	0.0							
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
4	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
a									
c	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
	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		Х					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2019)

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Form 990 (2	2019)
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## FOOD RECOVERY NETWORK INC.

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.

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
	tion A. doverning body and Management		Yes	Г
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		100	t
	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 14			
	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		ľ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			t
Ũ	of officers, directors, trustees, or key employees to a management company or other person?	3		l
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		t
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		t
		6		t
	Did the organization have members or stockholders?	0		ł
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		I
	more members of the governing body?	7a		ł
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			I
_	persons other than the governing body?	7b		ł
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	ł
	The governing body?	8a	X	ł
	Each committee with authority to act on behalf of the governing body?	8b	Х	ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		]
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	
l0a	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,			I
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			I
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		I
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ī
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			Î
	in Schedule O how this was done	12c		
	Did the organization have a written whistleblower policy?	13		t
	Did the organization have a written document retention and destruction policy?	14		1
	Did the process for determining compensation of the following persons include a review and approval by independent			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a	х	l
	Other officers or key employees of the organization	15a		ł
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	155		t
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
10a		160		l
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		ł
D				l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		1
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		NTV	7
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, FL, GA, IL, MA, MD, ME, MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s)s only	r) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, and	nd 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			
	4321 HARTWICK ROAD, SUITE 316, COLLEGE PARK, MD 20740			_
32006	01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(
	б			
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Part VII	Compensation of Officers,	Directors,	Trustees, k	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

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.

See 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.

Name and title         Average hours per mode and a stretch matter burger and a stretch matter week.         Deportable compensation from from from from organization (W2/1099-MISC)         Estimated compensation from from from organization (W2/1099-MISC)           (1) BILL MCCONAGEA ASSOCTATE BOARD MEMBER         1.50 X         X         0.         0.           (1) BILL MCCONAGEA ASSOCTATE BOARD MEMBER         X         0.         0.         0.           (1) BILL MCCONAGEA ASSOCTATE BOARD MEMBER         X         0.         0.         0.           (3) THX FORT         1.50 X         X         0.         0.         0.           (3) TEX FORTE FORMER BOARD MEMBER         1.50 X         X         0.         0.         0.           (3) TEX FORTE FORMER BOARD MEMBER         1.50 X         X         0.         0.         0.           (3) TEX FORTE FORMER BOARD MEMBER         1.50 X         X         0.         0.         0.           (3) TEX FORTE FORMER BOARD MEMBER         1.50 X         X         0.         0.         0.           (3) TEX FORTE FORMER BOARD MEMBER         1.50 X         X         0.         0.         0.           (3) TEX FORTE FORMER BOARD MEMBER         1.50 X         X         0.         0.         0.           (4) CECTTE BOARD MEMBER <td< th=""><th>(A)</th><th>(B)</th><th colspan="2">(C)</th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (itst any poundations)         hours person is both an ime and a decidation organizations         compensation from the organizations         compensation from the organizations         compensation (W-2/1099-MISC)         compensation (W-2/1099-MISC)         amount of the organizations           (1)         BILL MCCONAGHA         1.50 Associate Spence S         X         0.         0.         0.         0.           (1)         BILL MCCONAGHA         1.50 Associate Spence S         X         0. <td>Name and title</td> <td>Average</td> <td colspan="2">Position</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	Position		Reportable	Reportable	Estimated				
Weike (ist any hours for related organizations (w2/1099-MISC)     Inorm framework (w2/1099-MISC)     Compensation organization (w2/1099-MISC)       (1) BILL MCCONAGHA     1.50     x     0.     0.       (1) BILL MCCONAGHA     1.50     x     0.     0.       (2) PERTEET SPENCER     3.00     x     x     0.     0.       (3) TIM KUNIN     1.50     x     0.     0.     0.       (3) TIM KUNIN     1.50     x     0.     0.     0.       (4) ENSILE MINOR     1.50     x     0.     0.     0.       (5) JESSICA FELIX-ROMERO     1.50     x     0.     0.     0.       (6) CLAIRE CUMKINGS     1.50     x     0.     0.     0.       (7) TED MONK     1.50     x     0.     0.     0.       (8) REGIAN MEMBER     x     0.     0.     0.       (9) PETE ASHD     1.50     x     0.     0.     0.       (9) PETE ASHD     1.50     x     0.     0.     0.       (10) TIMA GARD MEMBER     1.50     x     0.     0.     0.       (9) PETE ASHD     1.50     x     0.     0.     0.       (10) TIMA GARD MEMBER     1.50     x     0.     0.     0.		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
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(1)       BILL MCCONAGHA       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       X       0.       0.       0.       0.       0.         (2)       PEREFISENCER       S.00       X       X       0.       0.       0.       0.         (3)       TIM KUNIN       1.50       X       X       0.       0.       0.       0.         (4)       ERNIE MINOR       1.50       X       0.       0.       0.       0.       0.         (5)       JESICARE       X       0.       0.       0.       0.       0.       0.         (6)       JESICAR FELIX-ROMERO       1.50       X       0.		· · ·	irecto							U U	
(1)       BILL MCCONAGHA       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       X       0.       0.       0.       0.       0.         (2)       PEREFISENCER       S.00       X       X       0.       0.       0.       0.         (3)       TIM KUNIN       1.50       X       X       0.       0.       0.       0.         (4)       ERNIE MINOR       1.50       X       0.       0.       0.       0.       0.         (5)       JESICARE       X       0.       0.       0.       0.       0.       0.         (6)       JESICAR FELIX-ROMERO       1.50       X       0.			e or d	tee			sated			(W-2/1099-1015C)	
(1)       BILL MCCONAGHA       1.50       X       0.<			truste	al trus		yee	mpen				, and a second s
(1)       BILL MCCONAGHA       1.50       X       0.<			id ual 1	ution	5	mplo	est co o yee	er			
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(2) FERTEET SPENCER       3.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         (3) TIM KUNIN       1.50       X       0.       0.       0.       0.         FORMER BOARD MEMBER       X       0.       0.       0.       0.       0.         (4) ENNIE MINOR       1.50       X       0.       0.       0.       0.         (5) JESSICA FELIX-ROMERO       1.50       X       0.       0.       0.       0.         (6) CLAIRE CUMMINGS       1.50       X       0.       0.       0.       0.       0.         (7) TED MONK       1.50       X       0.       0.       0.       0.       0.         (9) FETE AGHL       1.50       X       0.       0.       0.       0.       0.         (10) TINA GALBRAITH-GOOCH       3.00       X       X       0.       0.       0.       0.         (11) JENNIFER SCHNITT       1.50       X       0.       0.       0.       0.       0.         (13) KENT WILSON       1.50       X       0.       0.       0.       0.       0.	(1) BILL MCCONAGHA	1.50									
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(3) TIM KUNIN       1.50       X       0.       0.       0.         (4) ERNIE MINOR       1.50       X       0.       0.       0.       0.         (4) ERNIE MINOR       1.50       X       0.       0.       0.       0.       0.         (5) JESSICA FELIX-ROMERO       1.50       X       0.       0.       0.       0.       0.         (6) CLAIRE CUMMINOS       1.50       X       0.       0.       0.       0.       0.         (7) TED MONK       1.50       X       0.       0.       0.       0.       0.         FORMER BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (6) CLAIRE CUMMINOS       1.50       X       0.       0.       0.       0.       0.         (7) TED MONK       1.50       X       0. <t< td=""><td>(2) PERTEET SPENCER</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) PERTEET SPENCER	3.00									
PORMER BOARD MEMBER       X       0.       0.       0.       0.         (4) ENTLE MINOR       1.50       X       0.       0.       0.       0.         FORMER BOARD MEMBER       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (6) CLATRE CUMMINGS       1.50       X       0.       0.       0.       0.         (7) TED MONK       1.50       X       0.       0.       0.       0.         (7) TED MONK       1.50       X       0.       0.       0.       0.         (8) REGINA ANDERSON       40.00       X       X       116,272.       0.       0.         (9) PETE ASHI       1.50       X       0.       0.       0.       0.       0.         (10) TINA GALBRAITH-GOCH       3.00       X       X       0.       0.       0.       0.         (11) TINA GALBRAITH-GOCH       1.50       X       0.       0.       0.       0.       0.       0.       0.       0. <td< td=""><td>PRESIDENT</td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	PRESIDENT		X		X				0.	0.	0.
(4) ERNIE MINOR       1.50       X       0.       0.       0.         (5) JESSICA FELIX-ROMERO       1.50       X       0.       0.       0.         (5) JESSICA FELIX-ROMERO       1.50       X       0.       0.       0.         (6) CLAIRE CUMMINGS       1.50       X       0.       0.       0.         (7) TED MONK       1.50       X       0.       0.       0.         (8) REGINA ANDERSON       40.00       X       X       116,272.       0.       0.         (9) PETE ASHI       1.50       X       0.       0.       0.       0.       0.         (10) TINA GALBRAITH-GOOCH       3.00       X       X       0.       0.       0.         (11) JENNIFER SCHMITT       1.50       X       0.       0.       0.       0.       0.         (12) FRIDA ENDIJOK       1.50	(3) TIM KUNIN	1.50									
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EXECUTIVE DIRECTOR       X       X       X       116,272.       0.       0.         (9) PETE ASHI       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (10) TINA GALBRAITH-GOOCH       3.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (11) JENNIFER SCHMITT       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (12) FRIDA ENDIJOK       1.50       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (13) KENT WILSON       1.50       X       0.       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.         (15) MATT KRUSE       X       0.       0.       0. <td>FORMER BOARD MEMBER</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	FORMER BOARD MEMBER		X						0.	0.	0.
(9) PETE ASHI       1.50       X       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       X       0.       0.       0.         (10) TINA GALBRAITH-GOOCH       3.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (11) JENNIFER SCHMITT       1.50       X       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) FRIDA ENDIJOK       1.50       X       0. <td>(8) REGINA ANDERSON</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) REGINA ANDERSON	40.00									
ASSOCIATE BOARD MEMBERX0.0.0.(10) TINA GALBRAITH-GOOCH3.00XX0.0.0.TREASURERXX0.0.0.0.(11) JENNIFER SCHMITT1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(12) FRIDA ENDIJOK1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(13) KENT WILSON1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(14) KEVIN RETTLE1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(15) MATT KRUSE1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(15) MATT KRUSE1.50X0.0.0.(15) MATT KRUSE1.50X0.0.0.(16) MEMBER1.50X0.0.0.(17) MATT KRUSE1.50X0.0.0.(18) MEMBER1.50X0.0.0.(19) MEMBER1.50X0.0.0.(11) MEMBER1.50X0.0.0.(15) MATT KRUSE1.50X0.0.0.(16) MEMBER1.501.1.0.0.(17) MEMBER1.1.	EXECUTIVE DIRECTOR		X		X				116,272.	0.	0.
(10) TINA GALBRAITH-GOOCH3.00XXX0.0.0.TREASURERXXX0.0.0.0.0.(11) JENNIFER SCHMITT1.50X0.0.0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.0.(12) FRIDA ENDIJOK1.50ASSOCIATE BOARD MEMBERX0.0.0.0.(13) KENT WILSON1.50ASSOCIATE BOARD MEMBERX0.0.0.0.(14) KEVIN RETTLE1.50X0.0.0.0.0.(15) MATT KRUSE1.50X0.0.0.0.(15) MATT KRUSE1.50X0.0.0.0.(16) MATT KRUSE1.50X0.0.0.0.(17) MATT KRUSE1.50X0.0.0.0.	(9) PETE ASHI	1.50									
TREASURERXXX0.0.0.(11) JENNIFER SCHMITT1.50X0.0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.0.(12) FRIDA ENDIJOK1.50X0.0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.0.(13) KENT WILSON1.50ASSOCIATE BOARD MEMBER0.0.0.0.(14) KEVIN RETTLE1.50ASSOCIATE BOARD MEMBER0.0.0.0.(15) MATT KRUSE1.50ASSOCIATE BOARD MEMBER0.0.0.0.(15) MATT KRUSE1.50ASSOCIATE BOARD MEMBER0.0.0.0.(16) MATT KRUSE1.50ASSOCIATE BOARD MEMBER0.0.0.0.(15) MATT KRUSE1.50ASSOCIATE BOARD MEMBER0.0.0.0.	ASSOCIATE BOARD MEMBER		X						0.	0.	0.
(11) JENNIFER SCHNITT1.50 XX0.0.0.ASSOCIATE BOARD MEMBER1.50 XX0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(13) KENT WILSON1.50 XX0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(14) KEVIN RETTLE1.50 XX0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(15) MATT KRUSE1.50 XX0.0.0.(15) MATT KRUSE1.50 XX0.0.0.(15) MATT KRUSE1.50 XX0.0.0.(15) MATT KRUSE1.50 X1.50 X0.0.0.	(10) TINA GALBRAITH-GOOCH	3.00									
ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.         (12) FRIDA ENDIJOK       1.50       X       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.         (13) KENT WILSON       1.50       X       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.         (14) KEVIN RETTLE       1.50       X       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.         (15) MATT KRUSE       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (15) MATT KRUSE       1.50       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.       0.	TREASURER		Х		Х				0.	0.	0.
(12) FRIDA ENDIJOK1.50X0.0.0.ASSOCIATE BOARD MEMBER1.50X0.0.0.(13) KENT WILSON1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(14) KEVIN RETTLE1.500.0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(15) MATT KRUSE1.50X0.0.0.ASSOCIATE BOARD MEMBERX0.0.0.0.(15) MATT KRUSE1.50X0.0.0.(15) MATT KRUSE1.50X0.0.0.(15) MATT KRUSE1.50X0.0.0.(15) MATT KRUSE1.50X0.0.0.(16) MEMBER1.50X0.0.0.(17) MEMBER1.50X0.0.0.	(11) JENNIFER SCHMITT	1.50									
ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.         (13) KENT WILSON       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (14) KEVIN RETTLE       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (15) MATT KRUSE       1.50       X       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.         (15) MATT KRUSE       1.50       X       0.       0.       0.       0.       0.	ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(13) KENT WILSON       1.50       X       0.       0.       0.         ASSOCIATE BOARD MEMBER       1.50       X       0.       0.       0.       0.         (14) KEVIN RETTLE       1.50       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       1.50       X       0.       0.       0.       0.       0.         (15) MATT KRUSE       1.50       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       1.50       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.       0.	(12) FRIDA ENDIJOK	1.50									
ASSOCIATE BOARD MEMBER X 0. 0. 0. 0. (14) KEVIN RETTLE 1.50 ASSOCIATE BOARD MEMBER X 0. 0. 0. 0. (15) MATT KRUSE 1.50 ASSOCIATE BOARD MEMBER X 0. 0. 0. 0. 	ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(14) KEVIN RETTLE       1.50       X       0.       0.       0.         ASSOCIATE BOARD MEMBER       1.50       X       0.       0.       0.       0.         (15) MATT KRUSE       1.50       X       0.       0.       0.       0.       0.         ASSOCIATE BOARD MEMBER       X       0.       0.       0.       0.       0.	(13) KENT WILSON	1.50									
ASSOCIATE BOARD MEMBER X 0. 0. 0. 0. (15) MATT KRUSE 1.50 ASSOCIATE BOARD MEMBER X 0. 0. 0. 0. 	ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(15) MATT KRUSE     1.50     0.0.0.0.       ASSOCIATE BOARD MEMBER     X     0.0.0.0.	(14) KEVIN RETTLE	1.50									
ASSOCIATE BOARD MEMBER X 0. 0. 0.	ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
	(15) MATT KRUSE	1.50									
	ASSOCIATE BOARD MEMBER		Х						0.	0.	0.

932007 01-20-20

Form 990 (2019)

18250208 759746 05708000

2019.05040 FOOD RECOVERY NETWORK INC.

7

05708001

	990 (2019) FOOD REC	OVERY NI	ΞTV	VOF	RK	II	NC.			45-38	36	775	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	<b>(B)</b> Average hours per week	box offic	not c , unle	ss per	ition <sup>more</sup> rson i	than o is boti or/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			e ion ed	
									116 272		0			
	Subtotal Total from continuation sheets to Part V	II. Section A							116,272.		0.			0.
	Total (add lines 1b and 1c)								116,272.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportable	Э			1
											I		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>					-			-			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mponsatod in	done	ondo	nt c	ontr	acto	vro t	bat received more than	\$100,000 of com	none	ation f	rom	
<u> </u>	the organization. Report compensation for	=									pens	ation		
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C ompe	<b>;)</b> nsatio	n
2	Total number of independent contractors (i	noluding but -	ot 15	mita	d + 2	that				oro than				
	\$100,000 of compensation from the organi	•		mile		(		sieu				Form	<b>990</b> (2	2010)

932008 01-20-20

function revenue business revenue			Check if Schedule O contains a respo	nse or note to any lin	e in this Part VIII			
geogram         2 a         NATIONAL CONFERENCE FE         Business Code         10           b         OTHER INCOME         812000         16,500.         16,500.           c         FOOD RECOVERY VERIFIED         812000         6,566.         6,566.           d         SUMMIT         812000         6,566.         6,566.           d         SUMMIT         9         10,5778.         12,578.           gradual         Gradual         10,500.         16,500.         16,500.           d         SUMMIT         812000         6,566.         6,566.           gradual         Gradual         12,578.         12,578.         12,578.           gradual         Gradual         10,577.         12,578.         12,578.           gradual         Gradual         10,577.         12,578.         12,578.           gradual         Gradual         10,577.         12,578.         12,578.           gradual         Gradual         Gradual         11,161.         11,161.           gradual         Gradual         Gradual         55.         16.           gradual         Gradual         Gradual         16.         16.           gradual         Gradual					<b>(A)</b> Total revenue	Related or exempt	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
game         2 a         NATIONAL CONFERENCE FE         Business Code         16,500.         16,500.           b         OTHER INCOME         812000         16,500.         16,500.         12,578.         12,557.         14,578.         15,55.         14,578.         15,55.         15,55.         15,55.         15,55.         15,55.         <	, Gifts, Grants nilar Amounts	b c d	Membership dues1bFundraising events1cRelated organizations1d	7 592				
geogram         2 a         NATIONAL CONFERENCE FE         Business Code         10           b         OTHER INCOME         812000         16,500.         16,500.           c         FOOD RECOVERY VERIFIED         812000         6,566.         6,566.           d         SUMMIT         812000         6,566.         6,566.           d         SUMMIT         9         10,5778.         12,578.           gradual         Gradual         10,500.         16,500.         16,500.           d         SUMMIT         812000         6,566.         6,566.           gradual         Gradual         12,578.         12,578.         12,578.           gradual         Gradual         10,577.         12,578.         12,578.           gradual         Gradual         10,577.         12,578.         12,578.           gradual         Gradual         10,577.         12,578.         12,578.           gradual         Gradual         Gradual         11,161.         11,161.           gradual         Gradual         Gradual         55.         16.           gradual         Gradual         Gradual         16.         16.           gradual         Gradual	ntributions d Other Sir	f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	924,315.				
2 a NATIONAL CONFERENCE FE b OTHER INCOME       812000       16,500.       16,500.         812000       12,578.       12,578.         C FOOD RECOVERY VERIFIED of All other program service revenue       812000       5,566.       6,566.         9 Total. Add lines 2a.21       41,161.       1       1         3 Investment income (including dividends, interest, and other similar amounts)       55.       1       1         4 Income from investment of tax exempt bond proceeds       5       55.       1       1         6 a Gross rents       6a       6a       6a       6a       6a       6a       6a         b Less: rental expenses.       6b       6a       6a       6a       6a       1       1         7 a Gross amount from sales of assets other than inventory       b       5       7a       1	a C	h	·		931,907.			
b       OTHER INCOME c FOOD RECOVERY VERIFIED d       812000       6,566.       6,566.         d       SUMMIT       812000       6,566.       6,566.         d       a       a       b       5,517.       5,517.         e       -       -       -       41,161.       -         g       Total. Add lines 2a:2!       41,161.       -       -         g       Total. Add lines 2a:2!       41,161.       -       -         g       Total. Add lines 2a:2!       -       41,161.       -         g       Total. Add lines 2a:2!       -       41,161.       -         g       Total. Add lines 2a:2!       -       -       -       -         g       Total. Add lines 2a:2!       -       -       -       -         g       Total. Add lines 2a:2!       -       -       -       -       -         g       Total. Add lines 2a:2!       -								
9       Total. Add lines 2a.21       ↓       41,161.         3       Investment income (including dividends, interest, and other similar amounts).       ↓       55.         4       Income from investment of tax-exempt bond proceeds       ↓       55.         5       Royatties       ↓       55.         6       a Gross rents       6a       ↓         b Less: rental expenses       6b       ↓       ↓         7       a Gross amount from sales of assets other than inventory       ★       ↓         7       a Gross mount from sales of assets other than inventory       ★       ↓         6       Gain or (loss)       ↓       ↓         7       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       ▲         8       B       ↓       ↓       ↓         9       Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       A Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, les	9	2 a			16,500.	16,500.		
9       Total. Add lines 2a.21       ↓       41,161.         3       Investment income (including dividends, interest, and other similar amounts).       ↓       55.         4       Income from investment of tax-exempt bond proceeds       ↓       55.         5       Royatties       ↓       55.         6       a Gross rents       6a       ↓         b Less: rental expenses       6b       ↓       ↓         7       a Gross amount from sales of assets other than inventory       ★       ↓         7       a Gross mount from sales of assets other than inventory       ★       ↓         6       Gain or (loss)       ↓       ↓         7       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       ▲         8       B       ↓       ↓       ↓         9       Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       A Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, les	e V	b			12,578.	12,578.		
9       Total. Add lines 2a.21       ↓       41,161.         3       Investment income (including dividends, interest, and other similar amounts).       ↓       55.         4       Income from investment of tax-exempt bond proceeds       ↓       55.         5       Royatties       ↓       55.         6       a Gross rents       6a       ↓         b Less: rental expenses       6b       ↓       ↓         7       a Gross amount from sales of assets other than inventory       ★       ↓         7       a Gross mount from sales of assets other than inventory       ★       ↓         6       Gain or (loss)       ↓       ↓         7       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       ▲         8       B       ↓       ↓       ↓         9       Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       A Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, les		с			6,566.	6,566.		
9       Total. Add lines 2a.21       ↓       41,161.         3       Investment income (including dividends, interest, and other similar amounts).       ↓       55.         4       Income from investment of tax-exempt bond proceeds       ↓       55.         5       Royatties       ↓       55.         6       a Gross rents       6a       ↓         b Less: rental expenses       6b       ↓       ↓         7       a Gross amount from sales of assets other than inventory       ★       ↓         7       a Gross mount from sales of assets other than inventory       ★       ↓         6       Gain or (loss)       ↓       ↓         7       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       ▲         8       B       ↓       ↓       ↓         9       Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       A Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, les	lev l	d	SUMMIT	812000	5,517.	5,517.		
9       Total. Add lines 2a.21       ↓       41,161.         3       Investment income (including dividends, interest, and other similar amounts).       ↓       55.         4       Income from investment of tax-exempt bond proceeds       ↓       55.         5       Royatties       ↓       55.         6       a Gross rents       6a       ↓         b Less: rental expenses       6b       ↓       ↓         7       a Gross amount from sales of assets other than inventory       ★       ↓         7       a Gross mount from sales of assets other than inventory       ★       ↓         6       Gain or (loss)       ↓       ↓         7       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       ▲         8       B       ↓       ↓       ↓         9       Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       A Gross income from gaming activities. See Part IV, line 19       ↓       ↓         9       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, less returns and allowances       ↓       ↓         10       Gross alloc of inventory, les	<u>s</u>	е						
3       Investment income (including dividends, interest, and other similar amounts)       55.         4       Income from investment of tax-exempt bond proceeds       5         5       Royalties       6         6       Gross rents       6         b       Less: rental expenses       6         6       A ter rental income or (loss)       6         7       a Gross amount from sales of assets other than inventory       10         b       Less: cost or other basis and sales expenses       7         and sales expenses       7       10         7       Gross nicome from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8         8       B       10       10         9       Gross income from gaming activities. See Part IV, line 19       9         9       Gross income from gaming activities. See Part IV, line 19       9         9       Gross income from gaming activities. See Part IV, line 19       9         9       Gross income from gaming activities. See Part IV, line 19       9         9       Gross siles of inventory, less returns and allowances       10         10       Gross sales of inventory, less returns and allowances       10         10       Gross sicost of goods sold <td>2</td> <td>f</td> <td>All other program service revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td>	2	f	All other program service revenue					
other similar amounts)       55.         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       It come or (loss)         7       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         a       To         c       Gain or (loss)         7       Coss amount from tundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18         b       Less: direct expenses         gain or (loss) from from gaming activities. See Part IV, line 19         b       Less: direct expenses         gain or (loss) from frundraising events         9       Gross income from gaming activities. See Part IV, line 19         b       Less: direct expenses         b       Less: direct expenses         b       Less: direct expenses         gain       Yes         ya       Gross income from gaming activities. See Part IV, line 19         b       Less: direct expenses         gain       Set or to regain gaining activities         ya       Gross s	$\rightarrow$	g			41,161.			
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7 a       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)         c       Gain or (loss)         d       Net gain or (loss)         a       of contributions reported on line 1c). See         Patt IV, line 18       Ba         b       Less: direct expenses         c       Net income or (loss) from fundraising events         9 a       Gross income from gaming activities. See         Patt IV, line 19       Pa         b       Less: cost of goods sold         c       Net income or (loss) from gaming activities.         10 a       Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory		3						
5       Royatties <ul> <li>(i) Real</li> <li>(ii) Personal</li> <li>(ii) Personal</li> <li>(iii) Personal</li> <li>(iii) Personal</li> <li>(iiii) Personal</li> <li>(iiiii) Personal</li> <li>(iiiii) Personal</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>					55.			55.
Ga       Gross rents       Ga       (i) Peal       (ii) Personal         b       Less: rental expenses       Gb       Image: Construction of Constructions reported on line 1c). See Part IV, line 18       Part IV, line 19       Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19       Part IV, line 19       Part IV, line 19         9 a       Gross income or (loss) from gaming activities       Image: Construction of Construction of Construction of Construction of Construction of Constructions reported on line 1c). See Part IV, line 19       Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19       Part IV, line 19       Part IV, line 19         9 b       Less: cost of goods sold       Image: Construction of Construction of Construction of Constructions       Image: Construction of Construction of Construction of Construction of Construction of Constructions       Image: Construction of Constrecon of Construction of Construction of Const			•					
6 a Gross rents       6 a       6 b       6 b       6 b       6 b       6 c <td></td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5						
b       Less: rental expenses       6b				(II) Personal				
e       Rental income or (loss)       6c         d       Net rental income or (loss)								
d       Net rental income or (loss)       ▶         7 a       Gross amount from sales of assets other than inventory       ▶       (i) Securities       (ii) Other         b       Less: cost or other basis and sales expenses       7b       7c       7c       7c         c       Gain or (loss)       7c       7c       7c       7c       7c         d       Net gain or (loss)       7c       7c       7c       7c       7c         d       Net gain or (loss)       7c       7c       7c       7c       7c         g       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       8a       8a       8b       8a       8a       8b       9a       10a       682.								
7 a Gross amount from sales of assets other than inventory       7a       (i) Securities       (ii) Other         7a       7a       7a       7a       7a         b Less: cost or other basis and sales expenses       7b       7c       7c       7c         c Gain or (loss)       7c       7c       7c       7c       7c         d Net gain or (loss)       7c       7c       7c       7c       7c         8 a Gross income from fundraising events (not including \$								
assets other than inventory       7a			· · · · · · · · · · · · · · · · · · ·					
B       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c       7c         d       Net gain or (loss)       7c       7c         g       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       8a         Part IV, line 18       8a       8b       8b         b       Less: direct expenses       8b       8b         c       Net income or (loss) from fundraising events       9a       9a         g       Gross income from gaming activities. See       9a       9b       9b         b       Less: direct expenses       9b       9b       10a       734.         t       Less: cost of goods sold       10b       682.       52.       52.		<i>i</i> a						
and sales expenses       7b								
O including \$of   contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   8b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   9 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory	ē	D						
O including \$of   contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   8b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   9 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory	ent	~						
O including \$of   contributions reported on line 1c). See   Part IV, line 18   b   Less: direct expenses   8b   c   Net income or (loss) from fundraising events   9 a   Gross income from gaming activities. See   Part IV, line 19   9a   b   Less: direct expenses   9b   c   Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   b   Less: cost of goods sold   c   Net income or (loss) from sales of inventory   52.   52.   52.	lev							
O including \$of   contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   8b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   9 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory	er							
b       Less: direct expenses       8b       Image: constraint of the set	đ	oa	including \$ of contributions reported on line 1c). See	8a				
c       Net income or (loss) from fundraising events       ▶       ■         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       ■       ■         c       Net income or (loss) from gaming activities       ▶       ■       ■         10 a       Gross sales of inventory, less returns and allowances       ■       ■       ■         b       Less: cost of goods sold       ■       ■       ■       ■         c       Net income or (loss) from sales of inventory       ●       ●       ●       ●         c       Net income or (loss) from sales of inventory       ●       ●       ●       ●       ●		b						
9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       10a 734.         b Less: cost of goods sold       10b 682.         c Net income or (loss) from sales of inventory       52. 52.				nts 🕨 🕨				
Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       10a       734.         b Less: cost of goods sold       10b       682.         c Net income or (loss) from sales of inventory       52.       52.								
b       Less: direct expenses       9b			Part IV, line 19	9a				
10 a Gross sales of inventory, less returns and allowances       10a 734.         b Less: cost of goods sold       10b 682.         c Net income or (loss) from sales of inventory       52. 52.		b		9b				
and allowances       10a       734.         b       Less: cost of goods sold       10b       682.         c       Net income or (loss) from sales of inventory       52.       52.		с	Net income or (loss) from gaming activities	3 🕨				
b Less: cost of goods sold       10b 682.         c Net income or (loss) from sales of inventory       52. 52.	1	10 a	Gross sales of inventory, less returns					
c Net income or (loss) from sales of inventory 52. 52.			and allowances					
Business Code		b	Less: cost of goods sold	10b 682.				
Business Code		с	Net income or (loss) from sales of inventor	y 🕨	52.	52.		
ο <sub>ο</sub> 11 a	Ś			Business Code				
	ດີ <u>ຍ</u> 1	11 a						
	enu	b						
	e e	с						
d All other revenue	ы Міз Ц	d	All other revenue					
e Total. Add lines 11a-11d	-		Total. Add lines 11a-11d	►				
12         Total revenue. See instructions         973, 175.         41, 213.         0.	1	12	Total revenue. See instructions	►	973,175.	41,213.	0.	55.
932009 01-20-20 <b>9</b>	932009	01-20	-20		٩			Form <b>990</b> (2019

FOOD RECOVERY NETWORK INC.

Form 990 (2019)

Part VIII Statement of Revenue

FOOD RECOVERY NETWORK INC. 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).

Do not include	Check if Schedule O contains a respons e amounts reported on lines 6b,	(A)	(B)	<b>(C)</b> Management and	(D)
	d 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1 Grants and	d other assistance to domestic organizations				
and dome	stic governments. See Part IV, line 21	4,768.	4,768.		
2 Grants a	nd other assistance to domestic				
individua	Ils. See Part IV, line 22				
3 Grants a	nd other assistance to foreign				
organiza	tions, foreign governments, and foreign				
individua	Ils. See Part IV, lines 15 and 16				
4 Benefits	paid to or for members				
5 Compen	sation of current officers, directors,				
trustees,	and key employees	141,634.	141,634.		
	ation not included above to disqualified				
persons (a	as defined under section 4958(f)(1)) and				
	escribed in section 4958(c)(3)(B)				
	laries and wages	273,784.	70,162.	61,211.	142,411
	lan accruals and contributions (include			· · ·	
	01(k) and 403(b) employer contributions)				
	ployee benefits	9,195.	1,745.	7,450.	
	axes	50,605.	39,190.	2,997.	8,418
	services (nonemployees):	,		_,	- / -= 0
	nent				
	<b>F</b>				
		23,810.		23,810.	
	ing	23,010.		23,010.	
	g	81,585.			81,585
	nal fundraising services. See Part IV, line 17	01,303.			01,505
	ent management fees				
	line 11g amount exceeds 10% of line 25,				
	A) amount, list line 11g expenses on Sch O.)	6,878.	C 070		
	ng and promotion		6,878.	1 202	
	penses	11,215.	9,912.	1,303.	
	ion technology	6,066.	5,763.	303.	
15 Royalties	3	60.260	F0 00C	10.400	<u> </u>
16 Occupar	псу	69,362.	52,026.	10,400.	6,936
17 Travel		36,524.	29,206.		7,318
18 Payment	s of travel or entertainment expenses				
for any fe	ederal, state, or local public officials				
19 Conferer	nces, conventions, and meetings	60,969.	60,969.		
20 Interest					
21 Payment	s to affiliates				
	ition, depletion, and amortization				
23 Insuranc		10,034.		10,034.	
	enses. Itemize expenses not covered				
	st miscellaneous expenses on line 24e. If				
	mount exceeds 10% of line 25, column (A) ist line 24e expenses on Schedule 0.)				
	RACTORS	79,920.	76,020.	3,900.	
	ELLANEOUS	4,576.		4,576.	
c					
d	-				
e All other	expenses				
	ctional expenses. Add lines 1 through 24e	870,925.	498,273.	125,984.	246,668
	ts. Complete this line only if the organization	0,0,020.	13072730	123,3010	210,000
-	n column (B) joint costs from a combined				
	al campaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201)

18250208 759746 05708000

10 2019.05040 FOOD RECOVERY NETWORK INC.

05708001

18250208 759746 05708000

FOOD RECOVERY NETWORK INC.

45-3836775 Page 11

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		352,736.	1	350,204.
	2	Savings and temporary cash investments		243,585.	2	282,514.
	3	Pledges and grants receivable, net		0.	3	123,000.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
∢	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ec		596,321.	16	755,718.
	17	Accounts payable and accrued expenses		0.	17	6,666.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Loans and other payables to any current or fo				
oilit		trustee, key employee, creator or founder, sub				
Lial		controlled entity or family member of any of th			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin		26,773.	05	77 251
	00			26,773.		77,254. 83,920.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		20,1130	26	05,520.
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		569,548.	27	671,798.
3ali	28			505,5100	28	0/2//500
lpu	20	Organizations that do not follow FASB ASC	958 chack here		20	
Бu		and complete lines 29 through 33.				
ç	29	Capital stock or trust principal, or current fund	e		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		569,548.	32	671,798.
2	33	Total liabilities and net assets/fund balances		596,321.	33	755,718.
					Form <b>990</b> (2019)	

Form **990** (2019)

Form 990 (2019)

	1990 (2019) FOOD RECOVERY NETWORK INC.	45-383	6//5	Paç	ge <b>12</b>
Pa	rt 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			75.
2	Total expenses (must equal Part IX, column (A), line 25)	2			25.
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	569	9,5	48.
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	671	L,7	98.
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	e 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 reviewe	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?		_ <b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne 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 Sc	hedule O.			
3a	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?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2019)

932012 01-20-20

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ	)
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# 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
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number 3836775 15

	FOOD	RECOVERY	NETWORK INC.				4	5-3836775
Part I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)( <sup>.</sup>	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	)(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	init describ	bed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go							
7 X	An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org							
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	the colleg	e or
	university:							
10	An organization that norma							
	activities related to its exen							-
	income and unrelated busin		(less section 511 tax) fro	om busine	esses acqu	lired by the or	ganization	after June 30, 1975.
	See section 509(a)(2). (Con	• •						
11 L	An organization organized	-		•				
	An organization organized a	•	•	•			•	• •
	more publicly supported or lines 12a through 12d that							
a	<b>Type I.</b> A supporting orga	• •			-		-	, aivina
a	the supported organization	-		•				
	organization. You must o			i majority (				dpporting
b 🗌	Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	n(s) by ha	ivina
~ _	control or management o	-				-		-
	organization(s). You mus						.90	,p
с	Type III functionally inte			in connec	tion with.	and functiona	llv integrate	ed with.
	its supported organizatio						, ,	,
d 🗌	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	ted organi	zation(s)
	that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	, and Part	V.		
e 🗌	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f Ent	ter the number of supported of	organizations						
<b>g</b> Pro	ovide the following information				ningtion listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount of	-	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								
	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	932021 09-	25-19 Scheo	lule A (For	' m 990 or 990-EZ) 2019

2019.05040 FOOD RECOVERY NETWORK INC. 05708001

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## Schedule A (Form 990 or 990-EZ) 2019 FOOD RECOVERY NETWORK INC. Part II Support Schedule for Organizations Described in Sections 1

45-3836775 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	575,692.	450,407.	674,452.	753,601.	931,907.	3,386,059.
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						
4	Total. Add lines 1 through 3	575,692.	450,407.	674,452.	753,601.	931,907.	3,386,059.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,083,757.
6	Public support. Subtract line 5 from line 4.						2,302,302.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	575,692.	450,407.	674,452.	753,601.	(e)2019 931,907.	3,386,059.
8	Gross income from interest,		-			-	<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			1.	43.	55.	99.
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	Total support. Add lines 7 through 10						3,386,158.
	Gross receipts from related activities.	etc. (see instruction	ons)			12	89,007.
	First five years. If the Form 990 is for		,				•
	organization, check this box and <b>stor</b>	•			5		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				······ •
14	Public support percentage for 2019 (	line 6, column (f) di	vided by line 11, o	olumn (f))		14	67.99 %
	Public support percentage from 2018		•			15	81.89 %
	33 1/3% support test - 2019. If the o					nore, check this bo	
	stop here. The organization qualifies	-					► X
b	33 1/3% support test - 2018. If the o						is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances tes	-	-	• • • •			
~	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
-10		and not one on a		a, 100, 17a, 01 17k		dula A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

## Schedule A (Form 990 or 990 EZ) 2019 FOOD RECOVERY NETWORK INC.

## 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(	<b>e)</b> 2019	(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					<u> </u>			
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and					1			
	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								
	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								-
	ction B. Total Support								-
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	6	<b>e)</b> 2019	(f) Total	
	Amounts from line 6	(-) =	(-) == · · -	(-) = - · · ·	(-,	<b>`</b>	-,	(1)	
	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								
_									—
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is								
2	regularly carried on Other income. Do not include gain								
2	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	-	the execution?	l a first assand thi	l		L	(a)(2) argani-		
14	First five years. If the Form 990 is for	e e			2				٦
200	check this box and stop here								_
	-					45			~
	Public support percentage for 2019 (li					15			%
<u>16</u>	Public support percentage from 2018					16			%
	ction D. Computation of Inves					1 1			_
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2019. If the						%, and line 1	7 is not	_
	more than 33 1/3%, check this box ar							▶∟	
b	<b>33 1/3% support tests - 2018.</b> If the								٦
~	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t					<u>_</u>
3202	23 09-25-19			15	Sch	edule	A (Form 990	) or 990-EZ) 20	19
E (	208 759746 05708000	2.0	10 05040	ID FOOD RECO			TNO	0570800	1
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## Schedule A (Form 990 or 990-EZ) 2019 FOOD RECOVERY NETWORK INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Part IV Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 FOOD RECOVERY NETWORK INC. Part IV Supporting Organizations (continued)

			Vac	Na
	Lies the eventienties accorded a cift or contribution from only of the following powers?		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 (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		<b>N</b>	
			Yes	No
1	Did the 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? 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.	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	the second se		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			
<u></u>	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 <b>Part VI</b> how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		
	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. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- )	
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	ruction		Na
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	00		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		Ja		
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
03300	5 09-25-19 Schedule A (Form 9		)0-F7	2010
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# Schedule A (Form 990 or 990 EZ) 2019 FOOD RECOVERY NETWORK INC. 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.

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 <b>Part VI</b> ):			
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 1-1/2% 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 .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 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-functional	ly integrat	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	Form 990 or 990-EZ	12019 FOOD	RECUVERI				836775 Pa
	line 1; Part IV, Section A, I	ines 1, 2, 3b, 3c on D, lines 2 and	, 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio	9b, 9c, 11a, 11b n E, lines 1c, 2a,	, and 11c; Part IV, Se 2b, 3a, and 3b; Part	urt II, line 17a or 17b; Part ection B, lines 1 and 2; Pa V, line 1; Part V, Section I	rt IV, Section C, B, line 1e; Part V
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Pa	rt V, Section E, line	s 2, 5, and 6. Als	so complete this part	for any additional informa	ation.
32028 09-25-1	9					Schedule A (Form	990 or 990-EZ
				20		•	,

Name of the organization

Department of the Treasury Internal Revenue Service

or 990-PF)

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

- and or and or gam_and		
	FOOD RECOVERY NETWORK INC.	45-3836775
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	tion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Chook if your organizati	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b>	
	11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
□ <u>-</u> .		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

45-3836775

FOOD RECOVERY NETWORK INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Ose duplicate copies of P		r
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a)			
No. from	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)			
No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
—		<u> </u>	
		\$	990, 990-EZ, or 990-PF)

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Page 4

ספי מחח	NUEDV NEWWORK TWO			45-3836775
Part III Ex fro	COVERY NETWORK INC. clusively religious, charitable, etc., contributions of any one contributor. Complete columns (a) if mpleting Part III, enter the total of exclusively religious, char se duplicate copies of Part III if additional s	through <b>(e) and</b> the following line e naritable, etc., contributions of <b>\$1,000 c</b>	ntry. For organizations	, or (10) that total more than \$1,000 for
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(1	d) Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	d ZIP + 4	Relationshi	p of transferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
—   <u> </u>				
	- <i>i</i>	(e) Transfer of g		
-	Transferee's name, address, an	d ZIP + 4	Relationshi	p of transferor to transferee
a) No.	I			
from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
—   —				
		(e) Transfer of g	ft	
	Transferee's name, address, an	d ZIP + 4	Relationshi	p of transferor to transferee
a) No. from	(1) 5			
Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an			p of transferor to transferee
				chedule B (Form 990, 990-EZ, or 990-PI

Department of the Treasury

Internal Revenue Service

## (Form 990)

Part I

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

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



Employer identification number

45-3836775

Name of the organization		Name	of the	organization
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## FOOD RECOVERY NETWORK INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(	<b>b)</b> Fur	nds and other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization's				Yes	L No
3	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confei	ring		
					Yes	No No
_	Tt II Conservation Easements. Complete if the or		Part IV	, line 7	·	
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea			-	/ important land ar	rea
	Protection of natural habitat	Preservation of	a certi	fied hi	istoric structure	
_	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	onserv		
	day of the tax year.				Held at the End of	the lax year
а	Total number of conservation easements			2a		
b				2b		
	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired		ure	2d		
	listed in the National Register		 o orgar		l n during the tax	
	year	seased, extinguished, or terminated by the	e orgai	IIZALIO		
Ļ	Number of states where property subject to conservation ea	sement is located				
;	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements				Yes	No
;	Staff and volunteer hours devoted to monitoring, inspecting,					
		,				
,	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ea	aseme	nts during the yea	ır
	▶\$				0	
3	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	)(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No No
9	In Part XIII, describe how the organization reports conservat				and	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents th	nat des	scribes the	
	organization's accounting for conservation easements.					
a	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	)ther	Simi	lar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
la	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and ba	lance	sheet works	
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	urthera	nce of	f public	
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ns.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balanc	e she	et works of	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	heranc	e of p	ublic 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 tre	easures, or other similar assets for financia	al gain,	provid	de	
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1			. 🕨	\$	
b	Assets included in Form 990, Part X			. 🕨	\$	
A	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			Schedule D (For	m 990) 2019
205	1 10-02-19					
_		25				
50	208 759746 05708000 2019.0	05040 FOOD RECOVERY N	ETW(	ORK	INC. 05	708001

Sche	dule D (Form 990) 2019 FOOD RE	COVERY NET	WORK	INC.				45-38	3677	5 ра	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, His	storical T	reasures,	or Othe	er Simil	ar Asse	<b>ts</b> (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	e following that	at make si	ignificant	use of its			
	collection items (check all that apply):		_								
а	Public exhibition	c			change progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how t	hey further	the organizat	ion's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o								-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizati	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod								٦		٦
_	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					•		
	De vientie e la devien						4		Amount	[	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 2a	Ending balance Did the organization include an amount on Fe								Yes		No
	-						• • • • • • • • • • • • • • • • • • • •	····· └──			]
	b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
		(a) Current year		Prior year	(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourront your	(	nor your	(0)	, such t	( <b>u</b> )	jouro suon	(0) ! 0	jeure	Saon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	1g, column (	(a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for th	ne organi	zation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations							3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization				?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o			t or other		cumulat		(d) Bool	< value	e
		basis (investr	nent)	Dasis	(other)	dep	preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
-	Other		V colu	mn (P) line	100)						0.
Tota	Add lines 1a through 1e. (Column (d) must e	yuai roinii 990, Part	<i>∧</i> , coiui	нн ( <i>ם),</i> шие	100.)			Sohedula		000	
								Schedule	ы (гогл	เ ฮฮ∪)	2019

### 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) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

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

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

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)	PAYROLL TAX LIABILITY	26,773.
(3)	DEFERRED RENT LIABILITY	14,186.
(4)	REFUNDABLE ADVANCE	36,295.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	77,254.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 FOOD RECOVERY NETWORK INC.			45-3	3836775 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	912,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	912,575.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4</b> a			
b	Other (Describe in Part XIII.)	4b	60,600.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	60,600.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	973,175.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				010 205
1	Total expenses and losses per audited financial statements			1	810,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	<b>2</b> b			
С	Other losses	<b>2</b> c			
	Other (Describe in Part XIII.)	-			•
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line 2e from line 1			3	810,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	··			
b	Other (Describe in Part XIII.)	<b>4</b> b	60,600.		
С				4c	60,600.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	870,925.
	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X, LINE 2:

MANA	GEM	ENT	HAS	ANALY	ZED T	HE AS	SOCI	ATIC	ON'S	TAX	POSIT	ION 1	AKEN	ONI	FEDERA	L
AND	STA	TE :	INCOM	IE TAX	RETU	RNS F	OR A	LL (	OPEN	TAX	YEARS	(CUF	RENT	AND	PRIOF	Ł
THRE	E Y	EAR	S) AN	ID HAS	CONC	LUDED	THA	ΓA	S OF	JUNE	30,	2020,	NO	PROV	ISION	FOR
INCC	ME	ТАХ	WOUI	D BE	REQUI	RED I	N TH	E AS	SSOC	IATIO	N'S F	INANC	IAL	STATI	EMENTS	5.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN NET FUNDRAISING REVENUES

60,600.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

## FUNDRAISING EXPENSES INCLUDED IN NET FUNDRAISING REVENUES

60,600.

932054 10-02-19

Schedule D	(Form 990) 2019	
	· · · · · · · · · · · · · · · · · · ·	-

Part XIII Supplemental Information (co	ontinued)
32055 10-02-19	Schedule D (Form 990)
	29 2019.05040 FOOD RECOVERY NETWORK INC. 057080

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$1					or if the	2019
Department of the Treasury		Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst	ructior	ns and	the latest informat			Inspection
Name of the organization	า							ntification number
	FOOD RE	COVERY NETWORK INC	2.			4	<u>45-3836</u>	775
	complete this par	Complete if the organization answ t.	ered "ነ	es" o	n Form 990, Part IV,	line 17	. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, F 9 highest paid indi	s <b>f</b> X Solicita <b>g</b> Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ition of tion of I fundra I (inclu profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees, o	X Yes	
compensated at least \$5,000 by th (i) Name and address of individual or entity (fundraiser)		(ii) Activity	have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts to (c		mount paid retained by) ndraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
ELEVATE - 806 7TH	STREET NW			No				
#301, WASHINGTON,	DC 20001	GRANT WRITING		x	5,000.		60,520.	-55,520.
AMERICAN PHILANTHR	OPIC - 119	INDIVIDUAL DONOR						
N HIGH ST, WEST CH	ESTER, PA	CULTIVATION SUPPORT	x		2,694.		21,065.	-18,371.
Total					7,694.		81,585.	-73,891.
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is e	xempt from r	egistration

CA, DC, FL, GA, IL, MA, MD, ME, MN, NJ, NY, PA, TX, VA, WA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

18250208 759746 05708000

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of failaraioing event contributions and gr				pie greater than \$0,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Ä						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect F	7	Food and beverages				
D	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from li				
Pa		<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	n 990. Part IV. line 19. or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , , ,	,	
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dirigo	bingo/progressive bingo	(c) other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
6	2	Cash prizes				
nsea	-					
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ad				Yes No
D	П	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
	_					
93208	32 09	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

18250208 759746 05708000

Schedule G (Form 990 or 990-EZ) 2019 FOOD RECOVERY NETWORK INC.	45-383	6775	Page
11 Does the organization conduct gaming activities with nonmembers?		Yes	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a	1	
<b>b</b> An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
Name			
Address 🕨			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt		
of gaming revenue retained by the third party <b>&gt;</b> \$			
<b>c</b> If "Yes," enter name and address of the third party:			
Name			
Address ►			
16 Gaming manager information:			
Name			
Gaming manager compensation 🕨 \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		-	
retain the state gaming license?	L	Yes	L N
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
organization's own exempt activities during the tax year <b>&gt;</b> \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III,	lines 9,	9b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	ISERS:		
(I) NAME OF FUNDRAISER: AMERICAN PHILANTHROPIC			
	10200		
(I) ADDRESS OF FUNDRAISER: 119 N HIGH ST, WEST CHESTER, PA 1	19380		
332083 09-11-19 Schedule G 32	i (Form 990	or 990	-EZ) 20
250208 759746 05708000 2019.05040 FOOD RECOVERY NETWORK	TNC	057	08001

Schedule G	6 (Form 990 or 990-EZ)	FOOD	RECOVERY	NETWORK	INC.
Part IV	Supplemental Info	ormation (	continued)		

2084 04-01-19	Schedule G (Form 990 or 990-EZ)
	33
50208 759746 05708000	2019.05040 FOOD RECOVERY NETWORK INC. 05708001

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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

05708001

FOOD RECOVERY NETWORK INC.

Employer identification number 45 - 3836775

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER WILL REVIEW THE 990

BEFORE THE EXECUTIVE DIRECTOR SIGNS IT.

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

THE BOARD DETERMINES THE EXECUTIVE DIRECTORS SALARY AND IS REVIEWED

ANNUALLY. A MARKET COMPARISON IS PERFORMED BASED ON OTHER NONPROFITS WITH

THE SAME BUDGET AS FOOD RECOVERY NETWORK WITHIN THE DMV AREA AND

NATIONALLY. IT IS ALSO COMPARED TO OTHER FOOD RECOVERY ORGANIZATIONS AS WELL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, DC, FL, GA, IL, MA, MD, ME, MN, NJ, NY, PA, TX, VA, WA

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

THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE

UPON REQUEST.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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