

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

**2022**

Open to Public  
Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Feeding America<br><br>Doing business as<br><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>161 North Clark Street 700<br><br>City or town, state or province, country, and ZIP or foreign postal code<br>Chicago, IL 60601<br><br><b>F</b> Name and address of principal officer: Claire Babineaux-Fontenot<br>same as C above | <b>D</b> Employer identification number<br><br>36-3673599<br><br><b>E</b> Telephone number<br>800-771-2303<br><br><b>G</b> Gross receipts \$ 5,056,194,638.<br><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>J</b> Website: <a href="http://www.feedingamerica.org">www.feedingamerica.org</a>                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               | <b>L</b> Year of formation: 1988                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               | <b>M</b> State of legal domicile: AZ                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Part I Summary**

|     |                                                                                                                                         |                |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1   | Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>                                       |                |
| 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                |
| 3   | Number of voting members of the governing body (Part VI, line 1a)                                                                       | 14             |
| 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                           | 14             |
| 5   | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                                                            | 436            |
| 6   | Total number of volunteers (estimate if necessary)                                                                                      | 205            |
| 7a  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                    | 0.             |
| 7b  | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                  | 0.             |
| 8   | Contributions and grants (Part VIII, line 1h)                                                                                           | 4,152,230,760. |
| 9   | Program service revenue (Part VIII, line 2g)                                                                                            | 101,808,893.   |
| 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                           | 4,023,000.     |
| 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | 58,235,773.    |
| 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | 4,916,912,461. |
| 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                        | 4,669,283,868. |
| 14  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                           | 0.             |
| 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                       | 59,710,046.    |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                           | 1,609,306.     |
| 16b | Total fundraising expenses (Part IX, column (D), line 25)                                                                               | 64,177,818.    |
| 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                            | 203,087,747.   |
| 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                               | 4,933,690,967. |
| 19  | Revenue less expenses. Subtract line 18 from line 12                                                                                    | -16,778,506.   |
| 20  | Total assets (Part X, line 16)                                                                                                          | 626,129,732.   |
| 21  | Total liabilities (Part X, line 26)                                                                                                     | 62,229,963.    |
| 22  | Net assets or fund balances. Subtract line 21 from line 20                                                                              | 563,899,769.   |

**Part II Signature Block**

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

|                               |                                                                                        |                                                                                                   |
|-------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br>Claire Babineaux-Fontenot, CEO<br>Type or print name and title | Date                                                                                              |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Rebekuh Eley                                             | Preparer's signature<br>Date<br>Check if self-employed <input type="checkbox"/> PTIN<br>P01247672 |
|                               | Firm's name<br>RSM US LLP                                                              | Firm's EIN<br>42-0714325                                                                          |
|                               | Firm's address<br>30 South Wacker Dr, STE 3300<br>Chicago, IL 60606                    | Phone no. 312-634-3400                                                                            |

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Our mission is to advance change in America by ensuring equitable  
access to nutritious food for all in partnership with partner food  
banks, policymakers, supporters, and the communities we serve.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 4,607,043,224. including grants of \$ 4,490,813,821. ) (Revenue \$ 95,730,013. )  
Food Procurement - See Schedule O

**4b** (Code: ) (Expenses \$ 133,209,088. including grants of \$ 111,071,795. ) (Revenue \$ 6,078,880. )  
Member Services - See Schedule O

**4c** (Code: ) (Expenses \$ 10,815,769. including grants of \$ 0. ) (Revenue \$ 0. )  
Public Awareness and Education - See Schedule O

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 98,976,752. including grants of \$ 67,398,251. ) (Revenue \$ 3,270,885. )

**4e** Total program service expenses 4,850,044,833.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

|                                                                                                                                                                         | Yes           | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> 215 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> X   |    |

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

|                                                                                                                                                                                                                                                      |               | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----|
| <b>2a</b> 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                                                              | <b>2a</b> 436 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | <b>2b</b>     | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>     |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                                                                                                          | <b>3b</b>     |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>     |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |               |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>     |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | <b>5c</b>     |     |    |
| <b>6a</b> 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>6a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>     |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |               |     |    |
| <b>a</b> 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>7a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b>     |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>     |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | <b>7d</b>     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>     |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>     |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |               |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>     |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |               |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | <b>10a</b>    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | <b>10b</b>    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |               |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | <b>11a</b>    |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | <b>12b</b>    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |               |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b>    |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                   | <b>13b</b>    |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | <b>13c</b>    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                                                                                                            | <b>14b</b>    |     |    |
| <b>15</b> 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>     |     | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>     |     | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      | <b>17</b>     |     |    |

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                          | 1a        | 14 | Yes       | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....<br>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. |           | 14 |           |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....                                                                                                                                                                                                                        | <b>1b</b> | 14 |           |    |
| <b>2</b> 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? .....                                                                                                                                     |           |    | <b>2</b>  | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....                                                                                         |           |    | <b>3</b>  | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                          |           |    | <b>4</b>  | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                |           |    | <b>5</b>  | X  |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                        |           |    | <b>6</b>  | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....                                                                                                                                                       |           |    | <b>7a</b> | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....                                                                                                                                                 |           |    | <b>7b</b> | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                               |           |    |           |    |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                       |           |    | <b>8a</b> | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                     |           |    | <b>8b</b> | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....                                                                                              |           |    | <b>9</b>  | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed See Schedule O

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
Paul Henrys, CFO - 800-771-2303  
161 North Clark Street, 700, Chicago, IL 60601

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) Claire Babineaux-Fontenot<br>CEO                       | 40.00                                                                               |                                                                                                              |                       | X       |              |                              |        | 904,012.                                                                      | 0.                                                                                 | 235,482.                                                                                      |
| (2) Katherine Fitzgerald<br>President & COO until 2/23     | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 489,891.                                                                      | 0.                                                                                 | 44,144.                                                                                       |
| (3) Paul Henrys<br>Treasurer                               | 40.00                                                                               |                                                                                                              |                       | X       |              |                              |        | 418,943.                                                                      | 0.                                                                                 | 19,540.                                                                                       |
| (4) Maryann Byrdak<br>Chief Information Officer            | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 346,395.                                                                      | 0.                                                                                 | 51,596.                                                                                       |
| (5) Kathryn Strickland<br>Chief Network Officer            | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 353,891.                                                                      | 0.                                                                                 | 29,433.                                                                                       |
| (6) Casey Marsh<br>Chief Development Officer               | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 332,886.                                                                      | 0.                                                                                 | 48,125.                                                                                       |
| (7) Matt Hayes<br>Chief HR Officer                         | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 294,205.                                                                      | 0.                                                                                 | 48,760.                                                                                       |
| (8) Ami McReynolds<br>Chief Equity & Programs Officer      | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 316,061.                                                                      | 0.                                                                                 | 26,751.                                                                                       |
| (9) Vincent Hall<br>Chief Gov Relations Officer            | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 304,766.                                                                      | 0.                                                                                 | 29,202.                                                                                       |
| (10) Erika Thiem<br>Chief Supply Chain Officer             | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 299,591.                                                                      | 0.                                                                                 | 27,329.                                                                                       |
| (11) Nancy Curby<br>EVP, Enterprise Effectiveness          | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 299,357.                                                                      | 0.                                                                                 | 21,609.                                                                                       |
| (12) Elizabeth Nielsen<br>SVP Digital and Direct Marketing | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 304,669.                                                                      | 0.                                                                                 | 12,219.                                                                                       |
| (13) Jennifer Polk<br>Chief Marketing & Comm. Officer      | 40.00                                                                               |                                                                                                              |                       |         | X            |                              |        | 262,487.                                                                      | 0.                                                                                 | 46,172.                                                                                       |
| (14) Angela DePaul<br>VP, Communication                    | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 284,414.                                                                      | 0.                                                                                 | 19,369.                                                                                       |
| (15) Daniel Nisbet<br>VP of Development                    | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 259,050.                                                                      | 0.                                                                                 | 36,629.                                                                                       |
| (16) Claire Wellington<br>Secretary                        | 40.00                                                                               |                                                                                                              |                       | X       |              |                              |        | 252,030.                                                                      | 0.                                                                                 | 34,218.                                                                                       |
| (17) Matthew Hackler<br>VP, Strategy Capacity Development  | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 247,510.                                                                      | 0.                                                                                 | 29,245.                                                                                       |

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (18) William Summerfelt<br>Chief Research Officer until 6/23         | 40.00                                                                               |                                                                                                           |                       |         | X            |                              |        | 252,733.                                                                      | 0.                                                                                 | 18,194.                                                                                       |
| (19) Kelvin Taketa<br>Chair                                          | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (20) Gary Rodkin<br>Immediate Past Chair                             | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (21) Anne Alonzo<br>Director                                         | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (22) Rahsaan G. Bernard<br>Director                                  | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (23) Kelvin Buncum<br>Director                                       | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (24) Eric Cooper<br>Director                                         | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (25) Elizabeth Dennis<br>Director                                    | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (26) Jim Kallman<br>Director                                         | 1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>1b Subtotal</b> .....                                             |                                                                                     |                                                                                                           |                       |         |              |                              |        | 6,222,891.                                                                    | 0.                                                                                 | 778,017.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 6,222,891.                                                                    | 0.                                                                                 | 778,017.                                                                                      |

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

173

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                                                                                                          | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| PlusMedia Digital LLC<br>PO Box 3949, Danbury, CT 06813                                                                                                                   | Marketing & Advertising        | 12,441,618.         |
| Production Solutions, Inc<br>PO Box 26168, Oklahoma City, OK 73126-0618                                                                                                   | Marketing & Advertising        | 10,394,568.         |
| Slalom, LLC, 821 2nd Avenue, Suite 1900,<br>Seattle, WA 98104                                                                                                             | Technology Consulting          | 7,422,181.          |
| R2integrated<br>PO Box 844340, Boston, MA 02284-4340                                                                                                                      | Marketing & Advertising        | 4,692,645.          |
| M&R Strategic Services, 1101 Connecticut<br>Ave, NW 7th Floor, Washington, DC 20036                                                                                       | Marketing & Advertising        | 2,692,261.          |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 88                             |                     |

See Part VII, Section A Continuation sheets

Form **990** (2022)



**Part VIII Statement of Revenue**

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

☒ X

|                                                                                                                                                    |                                                                                                |                                                                                                |                              | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                  | <b>1 a</b> Federated campaigns .....                                                           | <b>1a</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Membership dues .....                                                                 | <b>1b</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> Fundraising events .....                                                              | <b>1c</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> Related organizations .....                                                           | <b>1d</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> Government grants (contributions) .....                                               | <b>1e</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ... | <b>1f</b>                                                                                      | 4,752,844,795.               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g</b> Noncash contributions included in lines 1a-1f                                         | <b>1g</b>                                                                                      | \$ 4,426,553,512.            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>h Total.</b> Add lines 1a-1f .....                                                          |                                                                                                | 4,752,844,795.               |                      |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                                                                                                 | <b>2 a</b> Food Procurement Rev. ....                                                          | <b>Business Code</b>                                                                           | 900099                       | 95,730,013.          | 95,730,013.                                  |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Member Fees .....                                                                     |                                                                                                | 900099                       | 4,925,547.           | 4,925,547.                                   |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> Conference Revenue .....                                                              |                                                                                                | 900099                       | 1,153,333.           | 1,153,333.                                   |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> .....                                                                                 |                                                                                                |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> .....                                                                                 |                                                                                                |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other program service revenue .....                                               |                                                                                                |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g Total.</b> Add lines 2a-2f .....                                                          |                                                                                                |                              | 101,808,893.         |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>Other Revenue</b>                                                                           | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                              |                      | 5,023,114.                                   |                                      |                                                                 |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |                                                                                                |                                                                                                |                              |                      |                                              |                                      |                                                                 |
| <b>5</b> Royalties .....                                                                                                                           |                                                                                                |                                                                                                |                              | 55,007,782.          |                                              |                                      | 55,007,782.                                                     |
| <b>6 a</b> Gross rents .....                                                                                                                       |                                                                                                | <b>6a</b>                                                                                      | (i) Real<br>193,852.         |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: rental expenses ...                                                                                                                 |                                                                                                | <b>6b</b>                                                                                      | 318,528.                     |                      |                                              |                                      |                                                                 |
| <b>c</b> Rental income or (loss) .....                                                                                                             |                                                                                                | <b>6c</b>                                                                                      | -124,676.                    |                      |                                              |                                      |                                                                 |
| <b>d</b> Net rental income or (loss) .....                                                                                                         |                                                                                                |                                                                                                |                              | -124,676.            |                                              |                                      | -124,676.                                                       |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                         |                                                                                                | <b>7a</b>                                                                                      | (i) Securities<br>(ii) Other |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     |                                                                                                | <b>7b</b>                                                                                      | 1,000,114.                   |                      |                                              |                                      |                                                                 |
| <b>c</b> Gain or (loss) .....                                                                                                                      |                                                                                                | <b>7c</b>                                                                                      | -1,000,114.                  |                      |                                              |                                      |                                                                 |
| <b>d</b> Net gain or (loss) .....                                                                                                                  |                                                                                                |                                                                                                |                              | -1,000,114.          |                                              |                                      | -1,000,114.                                                     |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |                                                                                                | <b>8a</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               |                                                                                                | <b>8b</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                        |                                                                                                |                                                                                                |                              |                      |                                              |                                      |                                                                 |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                      |                                                                                                | <b>9a</b>                                                                                      |                              |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               | <b>9b</b>                                                                                      |                                                                                                |                              |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                         |                                                                                                |                                                                                                |                              |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....                                                                         | <b>10a</b>                                                                                     |                                                                                                | 39,375,959.                  |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                                                                                            | <b>10b</b>                                                                                     |                                                                                                | 37,963,535.                  |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                                        |                                                                                                |                                                                                                | 1,412,424.                   | 1,412,424.           |                                              |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                                                                                                   | <b>11 a</b> Pub. & Materials Fee .....                                                         | <b>Business Code</b>                                                                           | 900099                       | 259,004.             | 259,004.                                     |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Legal Settlements .....                                                               |                                                                                                | 900099                       | 81,782.              |                                              |                                      | 81,782.                                                         |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |                              |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> All other revenue .....                                                               |                                                                                                | 900099                       | 1,599,457.           | 1,599,457.                                   |                                      |                                                                 |
|                                                                                                                                                    | <b>e Total.</b> Add lines 11a-11d .....                                                        |                                                                                                |                              | 1,940,243.           |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>12 Total revenue.</b> See instructions .....                                                |                                                                                                |                              | 4,916,912,461.       | 105,079,778.                                 | 0.                                   | 58,987,888.                                                     |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                    | 4,669,265,698.        | 4,669,265,698.                  |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                               | 18,170.               | 18,170.                         |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                        |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                | 7,068,165.            | 3,009,433.                      | 2,822,681.                             | 1,236,051.                  |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                | 42,446,480.           | 25,057,184.                     | 6,415,962.                             | 10,973,334.                 |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      | 2,339,993.            | 1,266,360.                      | 604,068.                               | 469,565.                    |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 | 4,336,014.            | 2,805,990.                      | 203,741.                               | 1,326,283.                  |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          | 3,519,394.            | 2,030,745.                      | 606,862.                               | 881,787.                    |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                                   | 60,456.               |                                 | 60,456.                                |                             |
| <b>c</b> Accounting                                                                                                                                                                                                                              | 100,513.              |                                 | 100,513.                               |                             |
| <b>d</b> Lobbying                                                                                                                                                                                                                                | 1,085,096.            | 1,085,096.                      |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 | 1,609,306.            |                                 |                                        | 1,609,306.                  |
| <b>f</b> Investment management fees                                                                                                                                                                                                              | 169,161.              |                                 | 169,161.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 32,006,517.           | 16,168,158.                     | 4,297,563.                             | 11,540,796.                 |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              | 16,312,875.           | 4,940,442.                      |                                        | 11,372,433.                 |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 329,237.              | 216,084.                        | 49,611.                                | 63,542.                     |
| <b>14</b> Information technology                                                                                                                                                                                                                 | 9,763,492.            | 6,263,334.                      | 1,260,876.                             | 2,239,282.                  |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                              | 3,375,396.            | 1,889,585.                      | 729,115.                               | 756,696.                    |
| <b>17</b> Travel                                                                                                                                                                                                                                 | 3,044,554.            | 2,196,447.                      | 528,606.                               | 319,501.                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 | 2,115,454.            | 1,848,452.                      | 215,221.                               | 51,781.                     |
| <b>20</b> Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              | 8,141,564.            | 6,450,711.                      | 679,569.                               | 1,011,284.                  |
| <b>23</b> Insurance                                                                                                                                                                                                                              | 263,599.              | 140,369.                        | 67,542.                                | 55,688.                     |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |                                        |                             |
| <b>a</b> Produce                                                                                                                                                                                                                                 | 99,299,792.           | 99,299,639.                     |                                        | 153.                        |
| <b>b</b> Postage & Printing                                                                                                                                                                                                                      | 23,500,731.           | 3,307,161.                      | 19,885.                                | 20,173,685.                 |
| <b>c</b> Disaster Purchases & Tr                                                                                                                                                                                                                 | 2,217,104.            | 2,217,104.                      |                                        |                             |
| <b>d</b> Professional Developmen                                                                                                                                                                                                                 | 342,440.              | 105,790.                        | 187,001.                               | 49,649.                     |
| <b>e</b> All other expenses                                                                                                                                                                                                                      | 959,766.              | 462,881.                        | 449,883.                               | 47,002.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 4,933,690,967.        | 4,850,044,833.                  | 19,468,316.                            | 64,177,818.                 |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                | (A)<br>Beginning of year |              | (B)<br>End of year |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                                                                                                                                                              | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 484,580,091.             | <b>1</b>     | 425,662,124.       |
|                                                                                                                                                                                                                            | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          |                          | <b>2</b>     |                    |
|                                                                                                                                                                                                                            | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              | 54,604,342.              | <b>3</b>     | 57,817,338.        |
|                                                                                                                                                                                                                            | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 14,279,307.              | <b>4</b>     | 24,600,521.        |
|                                                                                                                                                                                                                            | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|                                                                                                                                                                                                                            | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>     |                    |
|                                                                                                                                                                                                                            | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>     |                    |
|                                                                                                                                                                                                                            | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     | 331,619.                 | <b>8</b>     | 425,811.           |
|                                                                                                                                                                                                                            | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 2,707,482.               | <b>9</b>     | 3,036,959.         |
|                                                                                                                                                                                                                            | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 56,471,654.   |              |                    |
|                                                                                                                                                                                                                            | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 20,643,262.   |              |                    |
|                                                                                                                                                                                                                            | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       | 23,166,906.              | <b>10c</b>   | 35,828,392.        |
|                                                                                                                                                                                                                            | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           | 65,021,710.              | <b>11</b>    | 78,626,531.        |
|                                                                                                                                                                                                                            | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            | 38,676.                  | <b>12</b>    | 38,676.            |
|                                                                                                                                                                                                                            | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>13</b>    |                    |
|                                                                                                                                                                                                                            | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             | 93,380.                  | <b>14</b>    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....                                                                                                                                           | 644,823,513.                                                                                                                                                                                                                   | <b>15</b>                | 93,380.      |                    |
| <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                      | 644,823,513.                                                                                                                                                                                                                   | <b>16</b>                | 626,129,732. |                    |
| <b>18</b> Grants payable .....                                                                                                                                                                                             | 26,919,565.                                                                                                                                                                                                                    | <b>17</b>                | 21,517,261.  |                    |
| <b>19</b> Deferred revenue .....                                                                                                                                                                                           | 21,814,860.                                                                                                                                                                                                                    | <b>18</b>                | 13,675,080.  |                    |
| <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                | 6,583,495.                                                                                                                                                                                                                     | <b>19</b>                | 3,899,208.   |                    |
| <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                      |                                                                                                                                                                                                                                | <b>20</b>                |              |                    |
| <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... | 1,685,507.                                                                                                                                                                                                                     | <b>21</b>                | 2,071,908.   |                    |
| <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                             |                                                                                                                                                                                                                                | <b>22</b>                |              |                    |
| <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                               |                                                                                                                                                                                                                                | <b>23</b>                |              |                    |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                      | 9,459,414.                                                                                                                                                                                                                     | <b>24</b>                |              |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                          | 66,462,841.                                                                                                                                                                                                                    | <b>25</b>                | 21,066,506.  |                    |
| <b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                      |                                                                                                                                                                                                                                | <b>26</b>                | 62,229,963.  |                    |
| <b>28</b> Net assets without donor restrictions .....                                                                                                                                                                      | 394,661,918.                                                                                                                                                                                                                   | <b>27</b>                | 366,405,193. |                    |
| <b>29</b> Net assets with donor restrictions .....                                                                                                                                                                         | 183,698,754.                                                                                                                                                                                                                   | <b>28</b>                | 197,494,576. |                    |
| <b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                               |                                                                                                                                                                                                                                |                          |              |                    |
| <b>31</b> Capital stock or trust principal, or current funds .....                                                                                                                                                         |                                                                                                                                                                                                                                | <b>29</b>                |              |                    |
| <b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                           |                                                                                                                                                                                                                                | <b>30</b>                |              |                    |
| <b>33</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                           |                                                                                                                                                                                                                                | <b>31</b>                |              |                    |
| <b>34</b> Total net assets or fund balances .....                                                                                                                                                                          | 578,360,672.                                                                                                                                                                                                                   | <b>32</b>                | 563,899,769. |                    |
| <b>35</b> Total liabilities and net assets/fund balances .....                                                                                                                                                             | 644,823,513.                                                                                                                                                                                                                   | <b>33</b>                | 626,129,732. |                    |

Form **990** (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                                |           |                |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 4,916,912,461. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 4,933,690,967. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -16,778,506.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 578,360,672.   |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 2,686,866.     |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |                |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | -369,263.      |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 563,899,769.   |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                       |     |    |

Form **990** (2022)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

36-3673599

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations .....

**g** Provide the following information about the supported organization(s).

| g Provide the following information about the supported organization(s): |          |                                                                               |                                                             |    |                                                   |                                                 |
|--------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| (i) Name of supported organization                                       | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|                                                                          |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                                                             |          |                                                                               |                                                             |    |                                                   |                                                 |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2018    | (b) 2019    | (c) 2020    | (d) 2021    | (e) 2022    | (f) Total    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 2756369153. | 3477717262. | 3915674704. | 4140026374. | 4752647615. | 19042435108. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...                                                                                               |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 2756369153. | 3477717262. | 3915674704. | 4140026374. | 4752647615. | 19042435108. |
| <b>5</b> 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) ..... |             |             |             |             |             | 8925750439.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |             |             |             |             |             | 10116684669. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                  | (a) 2018    | (b) 2019    | (c) 2020     | (d) 2021    | (e) 2022    | (f) Total    |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|--------------|-------------|-------------|--------------|
| <b>7</b> Amounts from line 4 .....                                                                                                           | 2756369153. | 3477717262. | 3915674704.  | 4140026374. | 4752647615. | 19042435108. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 51,980,173. | 70,720,680. | 117,654,534. | 63,938,447. | 60,224,748. | 364,518,582. |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...                              |             |             |              |             |             |              |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                              | 307,770.    | 743,536.    | 628,425.     | 215,249.    | 81,782.     | 1,976,762.   |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                              |             |             |              |             |             | 19408930452. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                              |             |             |              |             | 12          | 740,246,542. |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |       |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|---|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                                            | <b>14</b> | 52.12 | % |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                                   | <b>15</b> | 49.18 | % |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                             |           |       |   |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                     |           |       |   |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |       |   |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                              |           |       |   |

Schedule A (Form 990) 2022

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                | Multiply line 5 by 0.035.                                                                                                       | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| Section C - Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions                                                                                                                                    |           | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>  |              |
| <b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | <b>6</b>  |              |
| <b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2022 from Section C, line 6                                                                                                | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b> |              |

| Section E - Distribution Allocations (see instructions)                                                                                                                                  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2022 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2022                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2017                                                                                                                                                                       |                             |                                        |                                           |
| <b>b</b> From 2018                                                                                                                                                                       |                             |                                        |                                           |
| <b>c</b> From 2019                                                                                                                                                                       |                             |                                        |                                           |
| <b>d</b> From 2020                                                                                                                                                                       |                             |                                        |                                           |
| <b>e</b> From 2021                                                                                                                                                                       |                             |                                        |                                           |
| <b>f</b> <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>h</b> Applied to 2022 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2017 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2022 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2022 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| <b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2018                                                                                                                                                                |                             |                                        |                                           |
| <b>b</b> Excess from 2019                                                                                                                                                                |                             |                                        |                                           |
| <b>c</b> Excess from 2020                                                                                                                                                                |                             |                                        |                                           |
| <b>d</b> Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| <b>e</b> Excess from 2022                                                                                                                                                                |                             |                                        |                                           |

**Part VI**

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Legal Settlements

2018 Amount: \$ 307,770.

2019 Amount: \$ 743,536.

2020 Amount: \$ 628,425.

2021 Amount: \$ 215,249.

2022 Amount: \$ 81,782.

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

OMB No. 1545-0047

**2022**

Name of the organization

Feeding America

Employer identification number

36-3673599

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>Feeding America | Employer identification number<br><br>36-3673599 |
|---------------------------------------------|--------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                    |
|------------|-----------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          |                                   | \$ 1,284,003,301.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 261,870,292.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          |                                   | \$ 254,574,825.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          |                                   | \$ 226,723,144.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          |                                   | \$ 216,545,579.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 204,126,894.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>Feeding America | Employer identification number<br><br>36-3673599 |
|---------------------------------------------|--------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          |                                   | \$ 163,912,810.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 152,018,358.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 109,575,238.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 103,818,589.            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>Feeding America | Employer identification number<br><br>36-3673599 |
|---------------------------------------------|--------------------------------------------------|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 1                            | Food and Grocery Products                    | \$ 1,271,855,733.                               | 06/30/23             |
| 2                            | Food and Grocery Products                    | \$ 261,870,292.                                 | 06/30/23             |
| 3                            | Food and Grocery Products                    | \$ 254,574,825.                                 | 06/30/23             |
| 4                            | Food and Grocery Products                    | \$ 226,723,144.                                 | 06/30/23             |
| 5                            | Food and Grocery Products                    | \$ 209,195,579.                                 | 06/30/23             |
| 6                            | Food and Grocery Products                    | \$ 204,126,894.                                 | 06/30/23             |

|                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>Feeding America | Employer identification number<br><br>36-3673599 |
|---------------------------------------------|--------------------------------------------------|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 7                            | Food and Grocery Products                    | \$ 163,912,810.                                 | 06/30/23             |
| 8                            | Food and Grocery Products                    | \$ 152,018,358.                                 | 06/30/23             |
| 9                            | Food and Grocery Products                    | \$ 109,575,238.                                 | 06/30/23             |
| 10                           | Food and Grocery Products                    | \$ 103,818,589.                                 | 06/30/23             |
|                              |                                              | \$                                              |                      |
|                              |                                              |                                                 |                      |

|                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>Feeding America | Employer identification number<br><br>36-3673599 |
|---------------------------------------------|--------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                                                |                                                     |
|------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>Feeding America</b> | Employer identification number<br><b>36-3673599</b> |
|------------------------------------------------|-----------------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |

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

**Schedule C (Form 990) 2022**

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The lobbying nontaxable amount is:                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20% of the amount on line 1e.                      |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$1,000,000.                                       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2022

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                         | (a) |    | (b)      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
|                                                                                                                                                                                                                                         | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                              | X   |    |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...                                                                                                                               | X   |    |          |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                    | X   |    | 64,551.  |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                         | X   |    | 0.       |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                      | X   |    | 0.       |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                     |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                              | X   |    | 0.       |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                                |     | X  |          |
| <b>i</b> Other activities? .....                                                                                                                                                                                                        | X   |    | 532,899. |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                           |     |    | 597,450. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                           |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                        |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                               |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                             |     |    |          |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                                        | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|                                                                                                                                                                                                                                                            |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....                                                                                                                                                                                          | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                        |    |  |
| <b>a</b> Current year .....                                                                                                                                                                                                                                | 2a |  |
| <b>b</b> Carryover from last year .....                                                                                                                                                                                                                    | 2b |  |
| <b>c</b> Total .....                                                                                                                                                                                                                                       | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....                                                                                                                                             | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? ..... | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....                                                                                                                                                                     | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

In FY23, Feeding America advocated for support at the federal level for

legislative and administrative actions in support of federal safety net

programs, including increased funding for nutrition programs like

TEFAP, an increase in SNAP benefits, child nutrition programs like

Summer EBT and the Summer Meal Service Program, and USDA food purchases

**Part IV** Supplemental Information *(continued)*

to support emergency food assistance. We continue to build advocacy capacity and engagement across our network by developing advocacy training programs for food bank staff. We also mobilize advocates online who generate hundreds of thousand of phone calls and emails in support of policies that reduce hunger in America. We build advocacy, capacity, and community engagement programs that ensure the people we serve are active participants in their communities such as advancing policies that end hunger.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Feeding America

Employer identification number

36-3673599

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

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

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

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

|                                                                                                                                                        | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                         | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                             | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....                                                             | 2c                              |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 58,137,000.      | 66,609,000.    | 39,044,000.        | 38,801,000.          | 32,905,000.         |
| <b>b</b> Contributions                                  | 9,398,000.       | 95,000.        | 22,510,000.        | 20,000.              | 4,336,000.          |
| <b>c</b> Net investment earnings, gains, and losses     | 3,163,000.       | -8,486,000.    | 5,132,000.         | 1,193,000.           | 1,841,000.          |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    | 722,000.             |                     |
| <b>f</b> Administrative expenses                        | 81,000.          | 81,000.        | 77,000.            | 248,000.             | 281,000.            |
| <b>g</b> End of year balance                            | 70,617,000.      | 58,137,000.    | 66,609,000.        | 39,044,000.          | 38,801,000.         |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment 95.8700 %

**b** Permanent endowment 3.3300 %

**c** Term endowment .8000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | X  |
| <b>3a(ii)</b> |     | X  |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                         |                                      |                                 |                              |                |
| <b>b</b> Buildings                                                                                     |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements                                                                        |                                      | 23,510,110.                     | 2,775,429.                   | 20,734,681.    |
| <b>d</b> Equipment                                                                                     |                                      | 85,897.                         | 22,375.                      | 63,522.        |
| <b>e</b> Other                                                                                         |                                      | 32,875,647.                     | 17,845,458.                  | 15,030,189.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 35,828,392.    |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                         |                |                                                           |
| (2) Closely held equity interests .....                                 |                |                                                           |
| (3) Other .....                                                         |                |                                                           |
| (A) .....                                                               |                |                                                           |
| (B) .....                                                               |                |                                                           |
| (C) .....                                                               |                |                                                           |
| (D) .....                                                               |                |                                                           |
| (E) .....                                                               |                |                                                           |
| (F) .....                                                               |                |                                                           |
| (G) .....                                                               |                |                                                           |
| (H) .....                                                               |                |                                                           |
| <b>Total.</b> (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) .....                                                               |                |                                                           |
| <b>Total.</b> (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) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                    | (b) Book value |
|--------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                           |                |
| (2) Current Portion of Leases Payable                              | 2,016,492.     |
| (3) LT Portion of Leases Payable                                   | 19,050,014.    |
| (4)                                                                |                |
| (5)                                                                |                |
| (6)                                                                |                |
| (7)                                                                |                |
| (8)                                                                |                |
| (9)                                                                |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 21,066,506.    |

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 ... ☒

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

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

|          |                                                                                                      |           |                |
|----------|------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  | 5,162,624,517. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |                |
| <b>a</b> | Net unrealized gains (losses) on investments .....                                                   | <b>2a</b> | 2,686,866.     |
| <b>b</b> | Donated services and use of facilities .....                                                         | <b>2b</b> | 105,276,710.   |
| <b>c</b> | Recoveries of prior year grants .....                                                                | <b>2c</b> |                |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                 | <b>2d</b> | -364,422.      |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                          | <b>2e</b> | 107,599,154.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                     | <b>3</b>  | 5,055,025,363. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |                |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> | 169,161.       |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                 | <b>4b</b> | -138,282,063.  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                              | <b>4c</b> | -138,112,902.  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>  | 4,916,912,461. |

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

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

|          |                                                                                                       |           |                |
|----------|-------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      | <b>1</b>  | 5,177,085,420. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |                |
| <b>a</b> | Donated services and use of facilities .....                                                          | <b>2a</b> | 105,276,710.   |
| <b>b</b> | Prior year adjustments .....                                                                          | <b>2b</b> |                |
| <b>c</b> | Other losses .....                                                                                    | <b>2c</b> |                |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                  | <b>2d</b> | 138,286,904.   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                           | <b>2e</b> | 243,563,614.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                      | <b>3</b>  | 4,933,521,806. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |                |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> | 169,161.       |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                  | <b>4b</b> |                |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                               | <b>4c</b> | 169,161.       |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  | 4,933,690,967. |

**Part XIII Supplemental Information.**

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

Part IV, line 2b:

Feeding America accepts charitable gift annuities from donors. Charitable

gift annuities are contracts under which a charity, in return for a

transfer of cash, marketable securities or other assets, agrees to pay a

fixed amount of money to one or two individuals, for their lifetime. The

organization maintains these liabilities as required and regulated by the

respective states' insurance laws including specified reserves. The

liability is adjusted annually based on the ACGA published rates.

Part V, line 4:

Feeding America follows the guidance of ASC Topic 958, Not-For-Profit

Entities, related to net asset classification and required disclosures of

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

donor-related endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) for the state of Illinois.

Feeding America's endowment consists of 17 individual funds established for a variety of purposes including donor-restricted endowment funds and funds designated by Feeding America's Board of Directors to function as endowment. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowment, are classified and reported based on the existence or absence of donor-imposed restrictions.

Part X, Line 2:

Feeding America accounts for uncertain tax positions in accordance with ASC Topic 740, Accounting for Uncertainty in Income Taxes. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements.

Under ASC Topic 740, Feeding America must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. Feeding America does not have a liability for unrecognized tax benefits, for the reporting periods presented in the financial statements.

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

## Part XI, Line 2d - Other Adjustments:

|                                       |           |
|---------------------------------------|-----------|
| Change in value of gift annuities     | -167,242. |
| Write-off of bad debt                 | -197,180. |
| Total to Schedule D, Part XI, Line 2d | -364,422. |

## Part XI, Line 4b - Other Adjustments:

|                                       |               |
|---------------------------------------|---------------|
| Grocery program expenses              | -137,963,535. |
| Rent expenses                         | -318,528.     |
| Total to Schedule D, Part XI, Line 4b | -138,282,063. |

## Part XII, Line 2d - Other Adjustments:

|                                        |              |
|----------------------------------------|--------------|
| Grocery program expenses               | 137,963,535. |
| Accretion of sublease                  | 4,841.       |
| Rent expenses                          | 318,528.     |
| Total to Schedule D, Part XII, Line 2d | 138,286,904. |

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
**Attach to Form 990 or Form 990-EZ.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **Feeding America** Employer identification number **36-3673599**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants  
**b** ☒ Internet and email solicitations **f** ☒ Solicitation of government grants  
**c** ☒ Phone solicitations **g** ☐ Special fundraising events  
**d** ☒ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**  
**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity          | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-------------------------------------------------------------|------------------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                             |                        | Yes                                                            | No |                                   |                                                                   |                                                   |
| M&R Strategic Services, Inc.<br>- 1101 Connecticut Ave., NW | Strategy               |                                                                | X  | 51,689,567.                       | 0.                                                                | 51,689,567.                                       |
| Thompson, Habib & Denison, Inc. - 55 Old Bedford Road,      | Strategy               |                                                                | X  | 44,544,933.                       | 1,334,058.                                                        | 43,210,875.                                       |
| Audience First Media - 4200 Parliament Pl., 3rd FL,         | Strategy & Acquisition |                                                                | X  | 2,025,149.                        | 18,025.                                                           | 2,007,124.                                        |
| MDS Communications - 545 Juanita Ave., Mesa, AZ 85210       | Telemarketing          |                                                                | X  | 1,494,657.                        | 55,938.                                                           | 1,438,718.                                        |
| The Stelter Company - P.O. Box 5228, Des Moines, IA         | Acquisition            |                                                                | X  | 0.                                | 192,926.                                                          | -192,926.                                         |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
|                                                             |                        |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                                |                        |                                                                |    | 99,754,306.                       | 1,600,947.                                                        | 98,153,358.                                       |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ  
NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**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.

|                                                                              |                                                                             | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------|--------------|------------------|--------------------------------------------------------|
|                                                                              |                                                                             | (event type) | (event type) | (total number)   |                                                        |
| Revenue                                                                      | <b>1</b> Gross receipts .....                                               |              |              |                  |                                                        |
|                                                                              | <b>2</b> Less: Contributions .....                                          |              |              |                  |                                                        |
|                                                                              | <b>3</b> Gross income (line 1 minus line 2) .....                           |              |              |                  |                                                        |
| Direct Expenses                                                              | <b>4</b> Cash prizes .....                                                  |              |              |                  |                                                        |
|                                                                              | <b>5</b> Noncash prizes .....                                               |              |              |                  |                                                        |
|                                                                              | <b>6</b> Rent/facility costs .....                                          |              |              |                  |                                                        |
|                                                                              | <b>7</b> Food and beverages .....                                           |              |              |                  |                                                        |
|                                                                              | <b>8</b> Entertainment .....                                                |              |              |                  |                                                        |
|                                                                              | <b>9</b> Other direct expenses .....                                        |              |              |                  |                                                        |
|                                                                              | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |              |                  |                                                        |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |                                                                             |              |              |                  |                                                        |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                   | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
|                 |                                                                                   |                                                                     |                                                                     |                                                                     |                                                     |
| Revenue         | <b>1</b> Gross revenue .....                                                      |                                                                     |                                                                     |                                                                     |                                                     |
|                 |                                                                                   |                                                                     |                                                                     |                                                                     |                                                     |
| Direct Expenses | <b>2</b> Cash prizes .....                                                        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>3</b> Noncash prizes .....                                                     |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>4</b> Rent/facility costs .....                                                |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>5</b> Other direct expenses .....                                              |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>6</b> Volunteer labor .....                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                                                                     |                                                                     |                                                                     |                                                     |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 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 ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** 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? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); 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 Fundraisers:

(i) Name of Fundraiser: M&R Strategic Services, Inc.

(i) Address of Fundraiser:

1101 Connecticut Ave., NW 7th FL, Washington, DC 20036

(i) Name of Fundraiser: Thompson, Habib & Denison, Inc.

(i) Address of Fundraiser:

55 Old Bedford Road, Ste. 201, Lincoln, MA 01773

**Part IV** Supplemental Information *(continued)*

(i) Name of Fundraiser: Audience First Media

(i) Address of Fundraiser: 4200 Parliament Pl., 3rd FL, Lanham, MD 20706

(i) Name of Fundraiser: The Stelter Company

(i) Address of Fundraiser: P.O. Box 5228, Des Moines, IA 50305

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Feeding America

**Employer identification number**

36-3673599

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| Akron-Canton Regional Foodbank<br>350 Opportunity Pkwy<br>Akron, OH 44307-2234                    | 34-1369388     | 501 (c) (3)                            | 833,274.                        | 17,596,434.                             | APR                                                          | Food                                         | Fight Hunger                              |
| Alameda County Community Food Bank<br>7900 Edgewater Dr<br>Oakland, CA 94621-2004                 | 94-2960297     | 501 (c) (3)                            | 889,644.                        | 16,003,760.                             | APR                                                          | Food                                         | Fight Hunger                              |
| All Faiths Food Bank<br>8171 Blaikie Ct<br>Sarasota, FL 34240-8321                                | 65-0115814     | 501 (c) (3)                            | 968,190.                        | 24,866,084.                             | APR                                                          | Food                                         | Fight Hunger                              |
| America's Second Harvest of Coastal Georgia, Inc. - 2501 E President St - Savannah, GA 31404-1101 | 58-1442013     | 501 (c) (3)                            | 311,303.                        | 10,863,268.                             | APR                                                          | Food                                         | Fight Hunger                              |
| Arizona Food Bank Network<br>340 E Coronado Rd., Suite 400<br>Phoenix, AZ 85004-1524              | 86-0507679     | 501 (c) (3)                            | 2,162,003.                      | 0.                                      | APR                                                          | Food                                         | Fight Hunger                              |
| Arkansas Foodbank<br>4301 W 65th St<br>Little Rock, AR 72209-8507                                 | 71-0596734     | 501 (c) (3)                            | 1,696,308.                      | 29,530,703.                             | APR                                                          | Food                                         | Fight Hunger                              |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **243.**

**3** Enter total number of other organizations listed in the line 1 table ..... **1.**

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Atlanta Community Food Bank<br>732 Joseph E Lowery Blvd NW<br>Atlanta, GA 30318-6658           | 58-1376648 | 501 (c) (3)                   | 2,815,401.               | 130,388,971.                     | APR                                                   | Food                                   | Fight Hunger                       |
| Banco de Alimentos de Puerto Rico<br>#9 Corujo Industrial Park<br>Bayamon, PR 00960            | 66-0444882 | 501 (c) (3)                   | 2,547,491.               | 9,851,492.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Blue Ridge Area Food Bank, Inc.<br>96 Laurel Hill Rd<br>Verona, VA 24482-2658                  | 52-1202644 | 501 (c) (3)                   | 930,093.                 | 25,920,144.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Bread of the Mighty Food Bank<br>325 NW 10th Avenue<br>Gainesville, FL 32601                   | 59-2805577 | 501 (c) (3)                   | 30,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| California Association of Food Banks - 1624 Franklin Street.,<br>Suite 722 - Oakland, CA 94612 | 68-0392816 | 501 (c) (3)                   | 1,357,563.               | 143,592.                         | APR                                                   | Food                                   | Fight Hunger                       |
| Capital Area Food Bank<br>4900 Puerto Rico Ave NE<br>Washington, DC 20017-2313                 | 52-1167581 | 501 (c) (3)                   | 2,942,935.               | 40,663,092.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Care and Share Food Bank<br>2605 Preamble Pt<br>Colorado Springs, CO 80915-1200                | 84-0731930 | 501 (c) (3)                   | 846,370.                 | 22,963,921.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Central California Food Bank<br>4010 E. Amendola Dr.<br>Fresno, CA 93725                       | 77-0320851 | 501 (c) (3)                   | 2,482,016.               | 29,607,917.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Central Illinois Foodbank<br>PO Box 8228<br>Springfield, IL 62791-8228                         | 37-1106465 | 501 (c) (3)                   | 477,742.                 | 5,803,035.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Central Pennsylvania Food Bank<br>3908 Corey Rd<br>Harrisburg, PA 17109-5929     | 23-2202250 | 501 (c) (3)                   | 1,142,859.               | 42,158,343.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Central Texas Food Bank<br>6500 Metropolis Dr<br>Austin, TX 78744-3123           | 74-2217350 | 501 (c) (3)                   | 1,276,526.               | 22,414,564.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Channel One Food Bank<br>131 35th St SE<br>Rochester, MN 55904-5514              | 41-1379713 | 501 (c) (3)                   | 1,059,720.               | 3,662,312.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Chattanooga Area Food Bank<br>2009 Curtain Pole Rd<br>Chattanooga, TN 37406-2306 | 62-0867645 | 501 (c) (3)                   | 1,064,511.               | 13,738,220.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Chester County Food Bank<br>650 Pennsylvania Drive<br>Exton, PA 19341            | 27-0887311 | 501 (c) (3)                   | 55,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| City Harvest<br>6 E 32nd St Fl 5<br>New York, NY 10016-5422                      | 13-3170676 | 501 (c) (3)                   | 2,104,791.               | 82,642,886.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Clark County Food Bank<br>6502 NE 47th Avenue<br>Vancouver, WA 98661             | 91-1307564 | 501 (c) (3)                   | 67,600.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Coastal Bend Food Bank<br>826 Krill St<br>Corpus Christi, TX 78408-2515          | 74-2234089 | 501 (c) (3)                   | 1,113,964.               | 2,101,069.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Collaborative For Fresh Produce<br>1524 S IH - 35 Suite 342<br>Austin, TX 78704  | 82-4308154 | 501 (c) (3)                   | 1,046,150.               | 17,756,581.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Community Action Partnership of Kern - 5005 Business Park North - Bakersfield, CA 93309               | 95-2402760 | 501 (c) (3)                   | 100,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Community Food Bank of Central Alabama - 107 Walter Davis Dr - Birmingham, AL 35209-2803              | 63-0837956 | 501 (c) (3)                   | 1,073,239.               | 20,068,991.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Community Food Bank of Eastern Oklahoma - 1304 N Kenosha Ave - Tulsa, OK 74106-5940                   | 73-1184980 | 501 (c) (3)                   | 1,256,792.               | 24,647,135.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Community Food Bank of Southern Arizona - 3003 S. Country Club Rd - Tucson, AZ 85713                  | 51-0192519 | 501 (c) (3)                   | 1,071,536.               | 13,832,308.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Community Food Share<br>650 S Taylor Ave Ste C<br>Louisville, CO 80027-3071                           | 74-2227731 | 501 (c) (3)                   | 212,672.                 | 9,290,809.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Community Food Warehouse of Mercer County - 109 S Sharpsville Ave Ste A - Sharon, PA 16146-1817       | 25-1446242 | 501 (c) (3)                   | 58,005.                  | 357,920.                         | APR                                                   | Food                                   | Fight Hunger                       |
| Community FoodBank of New Jersey<br>31 Evans Terminal<br>Hillside, NJ 07205-2406                      | 22-2423882 | 501 (c) (3)                   | 3,017,263.               | 28,327,358.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Community Harvest Food Bank of Northeast Indiana, Inc. - 999 E Tillman Rd - Fort Wayne, IN 46816-1973 | 31-1100607 | 501 (c) (3)                   | 480,380.                 | 9,206,825.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Community Involved in Sustaining Agriculture - 1 Sugarload St - South Deerfield, MA 01373             | 04-3416862 | 501 (c) (3)                   | 15,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Concho Valley Regional Food Bank<br>PO Box 1207<br>San Angelo, TX 76902        | 75-1897032 | 501 (c) (3)                   | 153,750.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Connecticut Food Bank<br>2 Research Pkwy<br>Wallingford, CT 06492-1929         | 06-1063025 | 501 (c) (3)                   | 1,171,231.               | 34,510,750.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Dare to Care Food Bank<br>5803 Fern Valley Rd<br>Louisville, KY 40228-1051     | 23-7345952 | 501 (c) (3)                   | 956,657.                 | 18,570,344.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Diversified Foods<br>PO Box 56278<br>Metairie, LA 70156-6278                   | 72-1155945 |                               | 14,092.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| East Texas Food Bank<br>3201 Robertson Rd<br>Tyler, TX 75701-2532              | 75-2222686 | 501 (c) (3)                   | 1,263,401.               | 17,185,982.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Eastern Illinois Foodbank<br>2405 N Shore Dr<br>Urbana, IL 61802-7221          | 37-1130252 | 501 (c) (3)                   | 373,858.                 | 8,601,159.                       | APR                                                   | Food                                   | Fight Hunger                       |
| El Pasoans Fighting Hunger<br>9541 Plaza Cir<br>El Paso, TX 79927-2005         | 45-2893839 | 501 (c) (3)                   | 3,381,820.               | 76,422,000.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Facing Hunger Foodbank<br>1327 7th Ave<br>Huntington, WV 25701-2903            | 55-0625915 | 501 (c) (3)                   | 820,333.                 | 3,195,841.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Federation of Virginia Food Banks<br>1415 Rhoadmiller St<br>Richmond, VA 23220 | 54-1388664 | 501 (c) (3)                   | 36,380.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Feed More<br>1415 Rhoadmiller St<br>Richmond, VA 23220-1111                                           | 54-1150923 | 501 (c) (3)                   | 1,632,275.               | 41,867,354.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding America Eastern Wisconsin<br>1700 W Fond du Lac Ave<br>Milwaukee, WI 53205-1261               | 39-1384593 | 501 (c) (3)                   | 1,193,072.               | 36,467,200.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding America Riverside San Bernardino Counties - 2950<br>Jefferson St B - Riverside, CA 92504-4360 | 33-0072922 | 501 (c) (3)                   | 804,175.                 | 36,219,195.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding America West Michigan<br>864 W River Center Dr NE<br>Comstock Park, MI 49321-8955             | 38-2439659 | 501 (c) (3)                   | 561,647.                 | 11,810,782.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding America, Kentucky's Heartland - 313 Peterson Dr - Elizabethtown, KY 42701                     | 61-1043635 | 501 (c) (3)                   | 888,365.                 | 7,633,376.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Florida<br>1489 Market Street<br>TALLAHASSEE, FL 33212                                        | 65-0467165 | 501 (c) (3)                   | 251,440.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Indiana's Hungry<br>8425 Keystone Crossing, Suite 220A<br>Indianapolis, IN 46240              | 20-3073635 | 501 (c) (3)                   | 50,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Kentucky<br>PO Box 5522<br>Frankfort, KY 40602-5522                                           | 61-1398656 | 501 (c) (3)                   | 345,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Louisiana<br>543 Spanish Town Rd.<br>Baton Rouge, LA 70802                                    | 27-0667900 | 501 (c) (3)                   | 103,750.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Feeding Missouri<br>2306 Bluff Creek Drive<br>Columbia, MO 65201               | 22-3757761 | 501 (c) (3)                   | 945,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding New York State<br>25 Elk Street<br>Albany, NY 12207                    | 20-2555423 | 501 (c) (3)                   | 1,751,669.               | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Northeast Florida<br>1116 Edgewood Ave N D/E<br>Jacksonville, FL 32254 | 46-5014769 | 501 (c) (3)                   | 1,278,219.               | 40,245,416.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Pennsylvania<br>939 East Park Drive<br>Harrisburg, PA 17111            | 45-4793238 | 501 (c) (3)                   | 2,360,063.               | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding San Diego<br>9455 Waples St Ste 135<br>San Diego, CA 92121-3916        | 26-0457477 | 501 (c) (3)                   | 1,037,572.               | 25,834,765.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding South Dakota<br>4701 N Westport Ave<br>Sioux Falls, SD 57107-0123      | 36-3293534 | 501 (c) (3)                   | 1,351,762.               | 9,643,205.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding South Florida<br>2501 SW 32nd Terrace<br>Pembroke Park, FL 33023       | 59-2097520 | 501 (c) (3)                   | 2,363,678.               | 68,955,496.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Southwest Virginia<br>1025 Electric Rd<br>Salem, VA 24153-6437         | 54-1939556 | 501 (c) (3)                   | 762,498.                 | 15,893,113.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Tampa Bay<br>4702 Transport Dr Bldg 6<br>Tampa, FL 33605-5940          | 59-2116576 | 501 (c) (3)                   | 3,249,561.               | 100076296                        | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Feeding Texas<br>1524 S Interstate 35 Ste 342<br>Austin, TX 78704-2646              | 74-2762542 | 501 (c) (3)                   | 943,694.                 | 16,196,861.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding The Carolinas<br>6255 Towncents Drive, Suite 803<br>Clemmons, NC 27012      | 27-3181226 | 501 (c) (3)                   | 140,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding the Gulf Coast<br>5248 Mobile South St<br>Theodore, AL 36582-1604           | 63-0821997 | 501 (c) (3)                   | 2,121,713.               | 31,925,893.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding the Valley Food Bank<br>5928 Coca Cola Boulevard<br>Columbus, GA 31908-8904 | 58-1498131 | 501 (c) (3)                   | 654,026.                 | 11,977,387.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Washington<br>1234 E. Front Avenue<br>Spokane, WA 99202                     | 45-1913897 | 501 (c) (3)                   | 1,899,073.               | 20,880,944.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Westchester<br>200 Clearbrook Rd Ste 160<br>Elmsford, NY 10523-1328         | 13-3507988 | 501 (c) (3)                   | 775,572.                 | 8,278,191.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Feeding Wisconsin<br>2802 Dairy Dr<br>Madison, WI 53718                             | 39-1490691 | 501 (c) (3)                   | 988,463.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| FeedMore Western New York, Inc.<br>91 Holt St<br>Buffalo, NY 14206-2293             | 22-2470820 | 501 (c) (3)                   | 357,479.                 | 1,544,241.                       | APR                                                   | Food                                   | Fight Hunger                       |
| FIND Food Bank<br>83775 Citrus Ave<br>Indio, CA 92202-2507                          | 33-0006007 | 501 (c) (3)                   | 372,538.                 | 14,306,641.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Food Bank Council of Michigan<br>330 Marshall St Ste 102<br>Lansing, MI 48912-2317                 | 38-2515765 | 501 (c) (3)                   | 892,655.                 | 154,400.                         | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank for Larimer County<br>5706 Wright Dr.<br>Loveland, CO 80538                              | 74-2336171 | 501 (c) (3)                   | 404,054.                 | 8,897,388.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank for Monterey County<br>353 West Rossi Street<br>Salinas, CA 93907-1463                   | 77-0270228 | 501 (c) (3)                   | 161,685.                 | 3,855,650.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank For New York City<br>355 Food Center Dr<br>Bronx, NY 10474-7000                          | 13-3179546 | 501 (c) (3)                   | 2,037,417.               | 11,560,405.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank for the Heartland<br>10525 J St<br>Omaha, NE 68127-1021                                  | 47-0637701 | 501 (c) (3)                   | 2,100,260.               | 15,497,376.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Alaska, Inc.<br>2121 Spar Ave<br>Anchorage, AK 99501-1855                             | 92-0073175 | 501 (c) (3)                   | 833,799.                 | 5,048,778.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Central and Eastern<br>North Carolina - 1924 Capital Blvd<br>- Raleigh, NC 27604-2147 | 56-1283426 | 501 (c) (3)                   | 3,183,504.               | 82,455,720.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Central Louisiana<br>3223 Baldwin Ave<br>Alexandria, LA 71301-3506                    | 72-1154072 | 501 (c) (3)                   | 1,184,191.               | 3,982,467.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Central New York<br>7066 Interstate Island Rd<br>Syracuse, NY 13209-9712              | 22-2816988 | 501 (c) (3)                   | 691,509.                 | 8,619,566.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Food Bank of Contra Costa and Solano - 4010 Nelson Ave - Concord, CA 94520        | 94-2418054 | 501 (c) (3)                   | 956,257.                 | 51,075,696.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Delaware<br>222 Lake Drive<br>Newark, DE 19702                       | 51-0258984 | 501 (c) (3)                   | 471,416.                 | 4,925,627.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Eastern Michigan<br>2300 Lapeer Rd<br>Flint, MI 48503-4221           | 38-2379678 | 501 (c) (3)                   | 955,701.                 | 11,476,962.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Iowa<br>2220 E 17th St<br>Des Moines, IA 50316-2114                  | 42-1177880 | 501 (c) (3)                   | 1,966,800.               | 10,124,517.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Lincoln, Inc.<br>4840 Doris Bair Cir Ste A<br>Lincoln, NE 68504-1465 | 47-0640293 | 501 (c) (3)                   | 313,955.                 | 5,400,794.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of North Alabama<br>2000 Vernon Ave SW<br>Huntsville, AL 35805-3052     | 63-0884372 | 501 (c) (3)                   | 901,185.                 | 11,678,654.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Northeast Arkansas<br>3414 One Place<br>Jonesboro, AR 72404          | 71-0810999 | 501 (c) (3)                   | 1,104,231.               | 5,411,185.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Northeast Georgia<br>861 Newton Bridge Rd<br>Athens, GA 30607-1305   | 58-1938066 | 501 (c) (3)                   | 886,726.                 | 8,611,356.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Northeast Louisiana<br>PO Box 5048<br>Monroe, LA 71211-5048          | 72-1333809 | 501 (c) (3)                   | 1,187,937.               | 2,628,238.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Food Bank of Northern Indiana<br>702 Chapin St<br>South Bend, IN 46601-2804          | 35-1898055 | 501 (c) (3)                   | 174,375.                 | 5,525,503.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Northern Nevada<br>550 Italy Dr<br>McCarran, NV 89437                   | 94-2924979 | 501 (c) (3)                   | 773,718.                 | 20,215,073.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Northwest Indiana, Inc. - 6490 Broadway Ave -<br>Merrillville, IN 46410 | 35-1528285 | 501 (c) (3)                   | 508,506.                 | 3,517,919.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of Northwest Louisiana<br>2307 Texas Ave<br>Shreveport, LA 71103-3621      | 72-1328890 | 501 (c) (3)                   | 916,352.                 | 9,832,054.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of South Jersey<br>1501 John Tipton Blvd<br>Pennsauken, NJ 08110-2303      | 22-2623089 | 501 (c) (3)                   | 649,376.                 | 10,633,629.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of the Albemarle<br>109 Tidewater Way<br>Elizabeth City, NC 27909-6765     | 56-1341658 | 501 (c) (3)                   | 406,162.                 | 4,684,465.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of the Golden Crescent<br>3809 E Rio Grande St<br>Victoria, TX 77901-1727  | 74-2534561 | 501 (c) (3)                   | 190,582.                 | 3,216,420.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of the Rio Grande Valley, Inc. - 724 N Cage Blvd -<br>Pharr, TX 78577-3105 | 74-2421560 | 501 (c) (3)                   | 1,981,621.               | 11,311,157.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of the Rockies<br>10700 E 45th Ave<br>Denver, CO 80239-2906                | 84-0772672 | 501 (c) (3)                   | 3,131,285.               | 75,897,272.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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|----------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Food Bank of the Southern Tier<br>388 Upper Oakwood Ave<br>Elmira, NY 14903-1129       | 30-0553416 | 501 (c) (3)                   | 663,485.                 | 8,285,726.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Bank of West Central Texas<br>5505 N 1st St<br>Abilene, TX 79603-6426             | 75-1888192 | 501 (c) (3)                   | 1,272,786.               | 1,743,560.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Finders Food Bank Inc.<br>1204 Greenbush Street<br>Lafayette, IN 47904-1963       | 31-1020198 | 501 (c) (3)                   | 682,751.                 | 5,940,352.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Gatherers<br>1 Carrot Way<br>Ann Arbor, MI 48105-9290                             | 38-2853858 | 501 (c) (3)                   | 224,177.                 | 3,660,636.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Food Lifeline<br>815 S 96th St<br>Seattle, WA 98108-4934                               | 91-1090450 | 501 (c) (3)                   | 1,341,755.               | 67,312,737.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Food Share of Ventura County<br>4156 Southbank Rd<br>Oxnard, CA 93036-1002             | 77-0018162 | 501 (c) (3)                   | 486,658.                 | 14,308,370.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Foodbank of Santa Barbara County<br>4554 Hollister Ave<br>Santa Barbara, CA 93110-1710 | 77-0169214 | 501 (c) (3)                   | 516,834.                 | 6,834,396.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Foodbank of Southeastern Virginia<br>PO Box 1940<br>Norfolk, VA 23501-1940             | 52-1219783 | 501 (c) (3)                   | 1,702,185.               | 17,547,246.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Foodlink, Inc.<br>1999 Mount Read Blvd<br>Rochester, NY 14615-3700                     | 22-2428304 | 501 (c) (3)                   | 634,487.                 | 19,868,320.                      | APR                                                   | Food                                   | Fight Hunger                       |

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| Forgotten Harvest<br>21800 Greenfield Rd<br>Oak Park, MI 48237-2507                                             | 38-2926476 | 501 (c) (3)                   | 699,174.                 | 44,597,608.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Fredericksburg Regional Foodbank<br>3631 Lee Hill Dr<br>Fredericksburg, VA 22408-7354                           | 54-1255013 | 501 (c) (3)                   | 226,883.                 | 5,957,413.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Freestore Foodbank<br>1250 Tennessee Ave.<br>Cincinnati, OH 45229                                               | 23-7122205 | 501 (c) (3)                   | 1,299,615.               | 16,324,462.                      | APR                                                   | Food                                   | Fight Hunger                       |
| FULFILL - (The FoodBank of Monmouth and Ocean Counties, Inc.)<br>- 3300 State Route 66 - Neptune, NJ 07753-2706 | 22-2622522 | 501 (c) (3)                   | 579,015.                 | 6,868,997.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Galveston County Food Bank<br>624 4th Ave.<br>Texas City, TX 77590                                              | 20-0408375 | 501 (c) (3)                   | 56,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Gleaners Community Food Bank of Southeastern Michigan - 2131 Beaufait St - Detroit, MI 48207-3410               | 38-2156255 | 501 (c) (3)                   | 1,272,938.               | 16,920,886.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Gleaners Food Bank of Indiana, Inc. - 3737 Waldemere Ave - Indianapolis, IN 46241-7234                          | 35-1483868 | 501 (c) (3)                   | 2,673,180.               | 31,814,854.                      | APR                                                   | Food                                   | Fight Hunger                       |
| God's Pantry Food Bank, Inc.<br>1685 Jaggie Fox Way<br>Lexington, KY 40511-1084                                 | 31-0979404 | 501 (c) (3)                   | 2,211,985.               | 30,294,700.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Golden Harvest Food Bank<br>3310 Commerce Dr<br>Augusta, GA 30909-4417                                          | 58-1466516 | 501 (c) (3)                   | 778,993.                 | 7,018,117.                       | APR                                                   | Food                                   | Fight Hunger                       |

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| Good Shepherd Food Bank<br>3121 Hotel Rd<br>Auburn, ME 04210-8398                     | 22-2986809 | 501 (c) (3)                   | 1,077,817.               | 45,386,813.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Great Plains Food Bank<br>1720 3rd Ave N<br>Fargo, ND 58102-4254                      | 47-2229589 | 501 (c) (3)                   | 942,902.                 | 4,697,175.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Greater Baton Rouge Food Bank<br>10600 S Choctaw Dr<br>Baton Rouge, LA 70815-1826     | 72-1065318 | 501 (c) (3)                   | 1,528,111.               | 6,144,185.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Greater Chicago Food Depository<br>4100 W 42nd Pl<br>Chicago, IL 60632-3920           | 36-2971864 | 501 (c) (3)                   | 2,343,154.               | 41,554,739.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Greater Cleveland Food Bank, Inc.<br>15500 S Waterloo Rd<br>Cleveland, OH 44110-3800  | 34-1292848 | 501 (c) (3)                   | 1,082,795.               | 12,543,964.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Greater Holyoke Chamber Centennial Foundation, Inc. - 177 High St - Holyoke, MA 01040 | 11-0339109 | 501 (c) (3)                   | 89,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Greater Lansing Food Bank<br>919 Filley St.<br>Lansing, MI 48906                      | 38-2424756 | 501 (c) (3)                   | 317,266.                 | 3,431,007.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Greater Pittsburgh Community Food Bank - 1 N Linden St - Duquesne, PA 15110-1097      | 25-1420599 | 501 (c) (3)                   | 1,280,810.               | 13,546,556.                      | APR                                                   | Food                                   | Fight Hunger                       |
| H and J Weinberg NE PA Regional Food Bank - 185 Research Dr - Pittston, PA 18640-6142 | 23-1653093 | 501 (c) (3)                   | 319,642.                 | 3,330,906.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| HACAP Food Reservoir<br>1515 Hawkeye Dr<br>Hiawatha, IA 52233-1102                             | 42-0898405 | 501 (c) (3)                   | 578,547.                 | 5,193,178.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Harry Chapin Food Bank of<br>Southwest Florida - 3760 Fowler St<br>- Fort Myers, FL 33901-0930 | 59-2332120 | 501 (c) (3)                   | 2,084,347.               | 24,134,587.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Harvest Hope Food Bank<br>2220 Shop Rd<br>Columbia, SC 29201-5162                              | 57-0725560 | 501 (c) (3)                   | 1,433,453.               | 17,455,852.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Harvest Regional Food Bank, Inc.<br>3120 E 19th St<br>Texarkana, AR 71854-4834                 | 75-2671647 | 501 (c) (3)                   | 802,303.                 | 2,606,183.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Harvesters - The Community Food<br>Network - 3801 Topping Ave -<br>Kansas City, MO 64129-1744  | 43-1208665 | 501 (c) (3)                   | 1,851,309.               | 44,545,665.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Hawaii Foodbank, Inc.<br>2611 Kili Hau St<br>Honolulu, HI 96819-2021                           | 99-0220699 | 501 (c) (3)                   | 842,952.                 | 13,511,892.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Helping Harvest<br>117 Morgan Dr<br>Reading, PA 19608-1755                                     | 22-2456238 | 501 (c) (3)                   | 243,089.                 | 6,080,163.                       | APR                                                   | Food                                   | Fight Hunger                       |
| High Plains Food Bank<br>815 Ross St<br>Amarillo, TX 79102-3431                                | 75-1838348 | 501 (c) (3)                   | 531,113.                 | 5,827,627.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Holyoke Health Center, Inc.<br>230 Maple St<br>Holyoke, MA 01040                               | 04-2492730 | 501 (c) (3)                   | 139,154.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| Hoosier Hills Food Bank<br>2333 W Industrial Park Dr<br>Bloomington, IN 47404-2602 | 31-1051402 | 501 (c) (3)                   | 345,328.                 | 3,575,952.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Houston Food Bank<br>535 Portwall St<br>Houston, TX 77029-1332                     | 74-2181456 | 501 (c) (3)                   | 2,742,090.               | 73,798,525.                      | APR                                                   | Food                                   | Fight Hunger                       |
| InAdvance<br>900 Alice St, Ste.400<br>Oakland, CA 94607                            | 26-0728941 | 501 (c) (3)                   | 425,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Inter-Faith Food Shuttle<br>1001 Blair Dr<br>Raleigh, NC 27603-2030                | 56-1753180 | 501 (c) (3)                   | 1,251,046.               | 12,765,960.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Iowa Food Bank Association<br>2101 Kimball Ave Ste 1408<br>Waterloo, IA 50702-5063 | 27-1554605 | 501 (c) (3)                   | 245,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Island Harvest<br>15 Grunman Road West Suite 1450<br>Bethpage, NY 11714            | 11-3136350 | 501 (c) (3)                   | 555,078.                 | 12,914,447.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Kansas Food Bank<br>1919 E Douglas Ave<br>Wichita, KS 67211-1627                   | 48-0959213 | 501 (c) (3)                   | 948,569.                 | 16,271,426.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Long Island Cares, Inc.<br>10 Davids Dr<br>Hauppauge, NY 11788-2039                | 11-2524512 | 501 (c) (3)                   | 287,991.                 | 7,418,935.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Los Angeles Regional Food Bank<br>1734 E 41st St<br>Vernon, CA 90058-1502          | 95-3135649 | 501 (c) (3)                   | 2,126,306.               | 64,873,839.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Lowcountry Food Bank<br>2864 Azalea Dr<br>Charleston, SC 29405-8216                    | 57-0751835 | 501 (c) (3)                   | 1,299,893.               | 49,378,923.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Lower Midwest Regional Cooperative<br>3737 Waldemere<br>Indianapolis, IN 46241         | 35-1483868 | 501 (c) (3)                   | 996,589.                 | 50,532,499.                      | APR                                                   | Food                                   | Fight Hunger                       |
| M.A.R.C. C/O Hunter Brothers<br>6700 Essington Ave, Unit I-9<br>Philadelphia, PA 19153 | 23-2331154 | 501 (c) (3)                   | 622,738.                 | 41,160,774.                      | APR                                                   | Food                                   | Fight Hunger                       |
| MANNA FoodBank<br>627 Swannanoa River Rd<br>Asheville, NC 28805-2445                   | 58-1514800 | 501 (c) (3)                   | 716,414.                 | 11,992,752.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Maryland Food Bank<br>2200 Halethorpe Farms Rd<br>Baltimore, MD 21227-4551             | 52-1135690 | 501 (c) (3)                   | 1,993,521.               | 21,239,411.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Maui Food Bank, Inc<br>760 Kolu Street<br>Wailuku, HI 96793                            | 99-0315110 | 501 (c) (3)                   | 45,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Merrimack Valley Food Bank<br>735 Broadway St<br>Lowell, MA 01854                      | 22-3241609 | 501 (c) (3)                   | 7,704.                   | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Middle Georgia Community Food Bank<br>4490 Ocmulgee East Blvd<br>Macon, GA 31217-5648  | 58-2484086 | 501 (c) (3)                   | 707,737.                 | 4,678,855.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Mid-Ohio Foodbank<br>3960 Brookham Dr<br>Grove City, OH 43123-9741                     | 31-0865343 | 501 (c) (3)                   | 1,437,514.               | 57,616,938.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Mid-South Food Bank<br>3865 S Perkins Rd<br>Memphis, TN 38118                         | 62-1340755 | 501 (c) (3)                   | 1,586,342.               | 31,705,363.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Midwest Regional Produce Cooperative - 7101 Winnetka Ave -<br>Brooklyn Park, MN 55428 | 23-7417654 | 501 (c) (3)                   | 194,677.                 | 11,372,928.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Mississippi Food Network<br>PO Box 411<br>Jackson, MS 39205-0411                      | 64-0676325 | 501 (c) (3)                   | 1,621,260.               | 16,141,355.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Montana Food Bank Network<br>5625 Expressway<br>Missoula, MT 59808-9071               | 81-0421243 | 501 (c) (3)                   | 587,606.                 | 12,949,717.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Montgomery Area Food Bank, Inc.<br>521 Trade Center St<br>Montgomery, AL 36108-2107   | 63-0931846 | 501 (c) (3)                   | 2,701,693.               | 23,041,219.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Mountaineer Food Bank<br>484 Enterprise Dr<br>Gassaway, WV 26624-7888                 | 55-0611100 | 501 (c) (3)                   | 867,958.                 | 14,405,637.                      | APR                                                   | Food                                   | Fight Hunger                       |
| New Hampshire Food Bank<br>221 Orange St., Suite 100<br>Manchester, NH 03104          | 02-0222163 | 501 (c) (3)                   | 526,878.                 | 20,787,387.                      | APR                                                   | Food                                   | Fight Hunger                       |
| North Country Food Bank, Inc.<br>424 N Broadway Ste A<br>Crookston, MN 56716-3034     | 41-1459758 | 501 (c) (3)                   | 417,755.                 | 1,756,693.                       | APR                                                   | Food                                   | Fight Hunger                       |
| North Texas Food Bank<br>3677 Mapleshade Lane<br>Plano, TX 75075                      | 75-1785357 | 501 (c) (3)                   | 3,380,305.               | 101920105                        | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Northeast Iowa Food Bank<br>PO Box 2397<br>Waterloo, IA 50704-2397                     | 42-1169648 | 501 (c) (3)                   | 648,545.                 | 6,664,709.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Northern Illinois Food Bank<br>273 Dearborn Ct<br>Geneva, IL 60134-3587                | 36-3203648 | 501 (c) (3)                   | 3,030,271.               | 76,192,969.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Northwest Arkansas Food Bank<br>1378 June Self Dr<br>Bethel Heights, AR 72764-8142     | 71-0680830 | 501 (c) (3)                   | 660,260.                 | 10,793,648.                      | APR                                                   | Food                                   | Fight Hunger                       |
| NORWESCAP Food Bank<br>201 N Broad St<br>Phillipsburg, NJ 08865                        | 22-1777156 | 501 (c) (3)                   | 26,200.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Ohio Association of SH Food Banks<br>101 E Town St Ste 540<br>Columbus, OH 43215-5119  | 34-1677838 | 501 (c) (3)                   | 658,925.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Oregon Food Bank<br>7900 NE 33rd Dr<br>Portland, OR 97211-1918                         | 93-0785786 | 501 (c) (3)                   | 1,322,055.               | 34,893,914.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Ourspace World, Inc.<br>4716 Ridgeline Terrace<br>Bowie, MD 20720                      | 61-1663030 | 501 (c) (3)                   | 450,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Ozarks Food Harvest<br>PO Box 5746<br>Springfield, MO 65801-5746                       | 43-1426384 | 501 (c) (3)                   | 941,902.                 | 15,199,215.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Partnership With Native Americans<br>16415 Addison Rd., Suite 200<br>Addison, TX 75001 | 47-3730147 | 501 (c) (3)                   | 10,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Philabundance<br>3616 S Galloway St<br>Philadelphia, PA 19148-5402                               | 23-2290505 | 501 (c) (3)                   | 1,113,952.               | 35,863,026.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Placer Food Bank<br>8284 Industrial Ave<br>Roseville, CA 95678-5900                              | 94-1740316 | 501 (c) (3)                   | 209,994.                 | 7,327,801.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Presente! Maine<br>795 Congress St<br>Portland, ME 04102                                         | 87-3756331 | 501 (c) (3)                   | 250,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Purchase Area Development District<br>PO Box 588<br>Mayfield, KY 42066                           | 61-0703486 | 501 (c) (3)                   | 44,400.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Rappahannock Tribe<br>5036 Indian Neck Rd<br>Indian Neck, VA 23148                               | 54-1118538 | 501 (c) (3)                   | 225,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| Redwood Empire Food Bank<br>3990 Brickway Blvd<br>Santa Rosa, CA 95403-1070                      | 68-0121855 | 501 (c) (3)                   | 305,588.                 | 5,359,047.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Regional Food Bank of Northeastern<br>New York - 965 Albany Shaker Rd -<br>Latham, NY 12110-1409 | 22-2470885 | 501 (c) (3)                   | 803,740.                 | 40,243,503.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Regional Food Bank of Oklahoma<br>PO Box 270968<br>Oklahoma City, OK 73137-0968                  | 73-1100380 | 501 (c) (3)                   | 2,589,582.               | 37,898,781.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Rhode Island Community Food Bank<br>200 Niantic Ave<br>Providence, RI 02907-3150                 | 05-0395601 | 501 (c) (3)                   | 946,588.                 | 4,272,219.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| River Bend Food Bank<br>4010 Kimmel Dr<br>Davenport, IA 52802-2404                                | 36-3147342 | 501 (c) (3)                   | 977,994.                 | 16,835,342.                      | APR                                                   | Food                                   | Fight Hunger                       |
| River Valley Regional Food Bank<br>1617 S Zero St<br>Fort Smith, AR 72901-8409                    | 71-0388927 | 501 (c) (3)                   | 1,192,006.               | 14,864,230.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Roadrunner Food Bank<br>5840 Office Blvd NE<br>Albuquerque, NM 87109-5819                         | 85-0278525 | 501 (c) (3)                   | 2,253,821.               | 29,195,758.                      | APR                                                   | Food                                   | Fight Hunger                       |
| San Antonio Food Bank<br>5200 Enrique M Barrera Pkwy<br>San Antonio, TX 78227-2209                | 74-2122979 | 501 (c) (3)                   | 1,592,065.               | 19,690,485.                      | APR                                                   | Food                                   | Fight Hunger                       |
| San Diego Food System Alliance<br>PO Box 3185<br>San Diego, CA 84-2242207                         | 84-2242207 | 501 (c) (3)                   | 425,000.                 | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| SE Ohio Foodbank<br>1005 CIC Drive<br>Logan, OH 43138                                             | 31-0718322 | 501 (c) (3)                   | 770,700.                 | 790,280.                         | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Community Food Bank<br>915 Douglas St<br>Saint Joseph, MO 64505-2749               | 43-1268319 | 501 (c) (3)                   | 184,411.                 | 2,242,125.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Central Florida - 411 Mercy Dr - Orlando, FL 32805-1019               | 59-2142315 | 501 (c) (3)                   | 2,251,244.               | 102284710                        | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of East Central Indiana, Inc. - 6621 N Old State Rd 3 - Muncie, IN 47303 | 31-1111795 | 501 (c) (3)                   | 595,969.                 | 7,491,998.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| Second Harvest Food Bank of East Tennessee - 136 Harvest Ln - Maryville, TN 37801-3930                         | 58-1450139 | 501 (c) (3)                   | 554,914.                 | 16,159,768.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Greater New Orleans and Acadiana - 700 Edwards Ave - New Orleans, LA 70123-3121    | 72-0956468 | 501 (c) (3)                   | 1,664,211.               | 14,164,009.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Lehigh Valley and NE Pennsylvania - 6969 Silver Crest Rd - Nazareth, PA 18064-9747 | 23-1669589 | 501 (c) (3)                   | 334,509.                 | 11,255,354.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Metrolina - 500 Spratt St Ste B - Charlotte, NC 28206-3235                         | 56-1352593 | 501 (c) (3)                   | 1,312,839.               | 66,484,492.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Middle Tennessee - 331 Great Circle Rd - Nashville, TN 37228-1703                  | 62-1049447 | 501 (c) (3)                   | 2,289,597.               | 41,046,019.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of North Central Ohio - 5510 Baumhart Rd - Lorain, OH 44053-2000                      | 34-1446685 | 501 (c) (3)                   | 481,638.                 | 6,014,394.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Northeast Tennessee - 1020 Jericho Dr - Kingsport, TN 37663-3966                   | 62-1303822 | 501 (c) (3)                   | 1,324,949.               | 10,152,249.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Northwest North Carolina - 3655 Reed St - Winston Salem, NC 27107-5428             | 58-1457912 | 501 (c) (3)                   | 1,529,075.               | 41,106,457.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Northwest Pennsylvania - 1507 Grimm Dr - Erie, PA 16501-1580                       | 25-1405798 | 501 (c) (3)                   | 448,607.                 | 5,100,210.                       | APR                                                   | Food                                   | Fight Hunger                       |

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| Second Harvest Food Bank of Orange County - 8014 Marine Way - Irvine, CA 92618-2235                              | 32-0362611 | 501 (c) (3)                   | 1,671,964.               | 32,137,781.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of Southeast North Carolina - PO Box 753 - Fayetteville, NC 28302-0753                  | 56-0845795 | 501 (c) (3)                   | 1,247,221.               | 3,329,975.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank of the Mahoning Valley - 2805 Salt Springs Rd - Youngstown, OH 44509-1037               | 34-1380074 | 501 (c) (3)                   | 339,111.                 | 2,959,084.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Food Bank Santa Cruz County - 800 Ohlone Pkwy - Watsonville, CA 95076-7005                        | 77-0326685 | 501 (c) (3)                   | 199,935.                 | 2,581,954.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Foodbank of Clark, Champaign, and Logan Counties - 701 E Columbia St - Springfield, OH 45503-4404 | 83-2134113 | 501 (c) (3)                   | 192,418.                 | 1,311,114.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Foodbank of Southern Wisconsin - 2802 Dairy Dr - Madison, WI 53718-6751                           | 39-1490691 | 501 (c) (3)                   | 941,017.                 | 14,459,697.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Heartland 1140 Gervais Ave Saint Paul, MN 55109-2020                                              | 23-7417654 | 501 (c) (3)                   | 5,143,307.               | 112452578                        | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest Inland Northwest 1234 E Front Ave Spokane, WA 99202-2148                                          | 23-7173826 | 501 (c) (3)                   | 684,728.                 | 25,339,202.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest North Central Food Bank - PO Box 5130 - Grand Rapids, MN 55744-5130                               | 41-1782776 | 501 (c) (3)                   | 675,852.                 | 1,549,244.                       | APR                                                   | Food                                   | Fight Hunger                       |

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| Second Harvest Northern Lakes Food Bank - 4503 Airpark Blvd - Duluth, MN 55811-5737    | 36-3479964 | 501 (c) (3)                   | 854,723.                 | 4,967,839.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest of Silicon Valley<br>4001 North First<br>San Jose, CA 95134             | 94-2614101 | 501 (c) (3)                   | 1,078,220.               | 32,927,899.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest of South Georgia, Inc - 1411 Harbin Cir - Valdosta, GA 31601-6535       | 58-2208545 | 501 (c) (3)                   | 1,778,568.               | 9,848,123.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest of the Big Bend, Inc. - 4446 Entrepot Blvd - Tallahassee, FL 32310-8740 | 59-2610345 | 501 (c) (3)                   | 1,543,850.               | 14,508,337.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Second Harvest of the Greater Valley - 704 Industrial Park Dr - Manteca, CA 95337-6116 | 68-0376587 | 501 (c) (3)                   | 1,000,420.               | 16,994,145.                      | APR                                                   | Food                                   | Fight Hunger                       |
| SF-Marin Food Bank<br>900 Pennsylvania Ave<br>San Francisco, CA 94107-3446             | 94-3041517 | 501 (c) (3)                   | 716,106.                 | 5,403,046.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Shared Harvest Foodbank<br>5901 Dixie Hwy<br>Fairfield, OH 45014-4207                  | 31-1096571 | 501 (c) (3)                   | 260,026.                 | 6,150,817.                       | APR                                                   | Food                                   | Fight Hunger                       |
| South Michigan Food Bank<br>5451 Wayne Rd<br>Battle Creek, MI 49037-7327               | 38-2445948 | 501 (c) (3)                   | 231,342.                 | 6,610,537.                       | APR                                                   | Food                                   | Fight Hunger                       |
| South Plains Food Bank<br>5605 M.L.K. Jr Blvd<br>Lubbock, TX 79404                     | 75-1904829 | 501 (c) (3)                   | 459,116.                 | 3,942,976.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

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| South Texas Food Bank<br>1907 Freight St.<br>Laredo, TX 78041                                          | 74-2574983 | 501 (c) (3)                   | 1,303,796.               | 5,483,897.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Southeast Missouri Food Bank<br>600 State Highway H<br>Sikeston, MO 63801-5352                         | 43-1395863 | 501 (c) (3)                   | 693,994.                 | 11,132,281.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Southeast Regional Cooperative (SRC) - 3655 Southside Industrial Parkway Suite 106 - Atlanta, GA 30354 | 82-2707649 | 501 (c) (3)                   | 2,189,922.               | 88,367,845.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Southeast Texas Food Bank<br>3845 S M L King Jr Pkwy<br>Beaumont, TX 77705-4114                        | 76-0338721 | 501 (c) (3)                   | 944,247.                 | 3,552,547.                       | APR                                                   | Food                                   | Fight Hunger                       |
| St. Louis Area Foodbank<br>70 Corporate Woods Dr<br>Bridgeton, MO 63044-3806                           | 43-1253102 | 501 (c) (3)                   | 1,637,162.               | 36,879,890.                      | APR                                                   | Food                                   | Fight Hunger                       |
| St. Mary's Food Bank<br>2831 N 31st Ave<br>Phoenix, AZ 85009-1518                                      | 23-7353532 | 501 (c) (3)                   | 3,359,679.               | 78,660,402.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Tarrant Area Food Bank<br>2600 Cullen St<br>Ft Worth, TX 76107-1302                                    | 75-1822473 | 501 (c) (3)                   | 1,772,794.               | 33,122,504.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Terre Haute Catholic Charities Foodbank - 1356 Locust St - Terre Haute, IN 47807-1640                  | 31-1074018 | 501 (c) (3)                   | 917,264.                 | 2,391,847.                       | APR                                                   | Food                                   | Fight Hunger                       |
| The Food Bank for Central and Northeast Missouri - 2101 Vandiver Dr Ste B - Columbia, MO 65202-1910    | 43-1238934 | 501 (c) (3)                   | 653,312.                 | 27,199,144.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Food Bank of Western Massachusetts - 97 N Hatfield Rd - Hatfield, MA 01038-0160 | 04-2751023 | 501 (c) (3)                   | 93,372.                  | 4,459,240.                       | APR                                                   | Food                                   | Fight Hunger                       |
| The Food Basket Inc.<br>40 Holomua St<br>Hilo, HI 96720                             | 26-0349475 | 501 (c) (3)                   | 10,000.                  | 0.                               | APR                                                   | Food                                   | Fight Hunger                       |
| The Foodbank, Inc.<br>56 Armor Pl<br>Dayton, OH 45417-1187                          | 86-1082880 | 501 (c) (3)                   | 438,233.                 | 10,534,197.                      | APR                                                   | Food                                   | Fight Hunger                       |
| The Greater Boston Food Bank<br>70 S Bay Ave<br>Boston, MA 02118-2704               | 04-2717782 | 501 (c) (3)                   | 1,417,349.               | 33,283,346.                      | APR                                                   | Food                                   | Fight Hunger                       |
| The Idaho Foodbank<br>3562 S Tk Ave<br>Boise, ID 83705-5278                         | 82-0425400 | 501 (c) (3)                   | 727,595.                 | 14,314,617.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Three Square Food Bank<br>4190 N Pecos Rd<br>Las Vegas, NV 89115-0187               | 30-0396918 | 501 (c) (3)                   | 1,675,121.               | 31,695,880.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Toledo Northwestern Ohio Food Bank<br>24 E Woodruff Ave<br>Toledo, OH 43604-5263    | 34-1441016 | 501 (c) (3)                   | 877,645.                 | 3,781,206.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Treasure Coast Food Bank<br>401 Angle Rd<br>Fort Pierce, FL 34947-2528              | 65-0123281 | 501 (c) (3)                   | 228,158.                 | 12,380,331.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Tri-State Food Bank, Inc.<br>801 E Michigan St<br>Evansville, IN 47711-5631         | 35-1539870 | 501 (c) (3)                   | 657,131.                 | 12,574,167.                      | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| United Food Bank<br>245 S Nina Dr<br>Mesa, AZ 85210-8490                             | 86-0505273 | 501 (c) (3)                   | 939,130.                 | 19,491,844.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Utah Food Bank<br>3150 S 900 W<br>South Salt Lake, UT 84119-3316                     | 87-0212453 | 501 (c) (3)                   | 1,286,659.               | 51,212,491.                      | APR                                                   | Food                                   | Fight Hunger                       |
| Vermont Foodbank<br>33 Parker Rd<br>Barre, VT 05641-9106                             | 22-3021942 | 501 (c) (3)                   | 397,026.                 | 8,139,138.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Virginia Peninsula Foodbank<br>2401 Aluminum Ave<br>Hampton, VA 23661-1237           | 54-1422298 | 501 (c) (3)                   | 382,592.                 | 6,740,098.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Weld Food Bank<br>1108 H St<br>Greeley, CO 80631-9100                                | 74-2244826 | 501 (c) (3)                   | 239,399.                 | 3,030,143.                       | APR                                                   | Food                                   | Fight Hunger                       |
| West Ohio Food Bank<br>1380 E Kibby St<br>Lima, OH 45804-3127                        | 34-1587528 | 501 (c) (3)                   | 335,333.                 | 4,838,096.                       | APR                                                   | Food                                   | Fight Hunger                       |
| West Texas Food Bank<br>411 S Pagewood Ave<br>Odessa, TX 79760-4242                  | 75-2057692 | 501 (c) (3)                   | 587,938.                 | 6,436,848.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Westmoreland County Food Bank<br>100 Devonshire Dr<br>Delmont, PA 15626-1607         | 25-1422682 | 501 (c) (3)                   | 176,705.                 | 3,561,506.                       | APR                                                   | Food                                   | Fight Hunger                       |
| Wichita Falls Area Food Bank<br>1230 Midwestern Pkwy<br>Wichita Falls, TX 76302-1743 | 75-1812865 | 501 (c) (3)                   | 223,604.                 | 2,341,215.                       | APR                                                   | Food                                   | Fight Hunger                       |

Schedule I (Form 990)

|                |                                                                                                                                         |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments</b> (Schedule I (Form 990), Part II.) |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|

[illegible]

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| Scholarships and Awards         | 15                       | 18,170.                  | 0.                                | Cash                                                  |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

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

Part I, Line 2:

Members must submit a grant agreement and periodic reports as a requirement

for accepting a grant from Feeding America. These reports are a vital part

of stewarding donor relationships that result in continued grant funds

available to our members. The Member Grants team creates report forms in

conjunction with the Feeding America account manager, who is the main

contact with the donor. This ensures that the donor's intent for the gift

is included in the report requirements. The frequency of reporting is also

in accordance with donor intent. The Member Grants team reviews completed

**Part IV** Supplemental Information

reports when the reports come to Feeding America. The team follows up with food banks that do not fully complete the reports. Information from the reports is shared with the account manager who is the main contact with the donor, and the Subject Matter Expert(s) (SMEs), which can assist members with program implementation challenges.

During the grant period, awardee members must submit a written reallocation request form if they are asking to use grant funds differently than described in their original proposal. The Member Grants team along with the appropriate account manager and Subject Matter Expert(s) (SMEs) decide whether the reallocation request is aligned with the donor's intent for the gift. If so, the reallocation is approved. If not, the reallocation will be denied. Appropriate staff as related to the grant opportunity follows up when there are issues/challenges with a member's completion of the grant, or their grant terms. When necessary, staff provide recommendations for changes to the proposal. When there is a serious issue with a member and their grant implementation, all appropriate staff will work together with the member to address the situation. Final decision to request the return of grant funds is made by consensus of the Compliance department, and other appropriate staff related to the grant opportunity program. Examples of serious issues that may require further consideration and action include: insufficient progress; member unlikely to use funds; non-compliance during an audit visit; and late submission of, or failure to submit grant reports.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Feeding America

Employer identification number

36-3673599

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

|           |   |   |
|-----------|---|---|
|           |   |   |
| <b>1b</b> |   |   |
| <b>2</b>  |   |   |
|           |   |   |
| <b>4a</b> | X |   |
| <b>4b</b> |   | X |
| <b>4c</b> |   | X |
|           |   |   |
| <b>5a</b> |   | X |
| <b>5b</b> |   | X |
|           |   |   |
| <b>6a</b> |   | X |
| <b>6b</b> |   | X |
|           |   |   |
| <b>7</b>  | X |   |
| <b>8</b>  |   | X |
| <b>9</b>  |   |   |

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

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                                         |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                            |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) Claire Babineaux-Fontenot<br>CEO                       | (i)  | 699,574.                                                           | 200,000.                            | 4,438.                              | 205,800.                                       | 29,682.                 | 1,139,494.                      | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) Katherine Fitzgerald<br>President & COO until 2/23     | (i)  | 414,244.                                                           | 73,529.                             | 2,118.                              | 18,300.                                        | 25,844.                 | 534,035.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) Paul Henrys<br>Treasurer                               | (i)  | 366,355.                                                           | 50,470.                             | 2,118.                              | 15,061.                                        | 4,479.                  | 438,483.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (4) Maryann Byrdak<br>Chief Information Officer            | (i)  | 305,341.                                                           | 39,536.                             | 1,518.                              | 18,300.                                        | 33,296.                 | 397,991.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (5) Kathryn Strickland<br>Chief Network Officer            | (i)  | 312,164.                                                           | 39,609.                             | 2,118.                              | 18,300.                                        | 11,133.                 | 383,324.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (6) Casey Marsh<br>Chief Development Officer               | (i)  | 292,310.                                                           | 39,073.                             | 1,503.                              | 16,608.                                        | 31,517.                 | 381,011.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (7) Matt Hayes<br>Chief HR Officer                         | (i)  | 256,930.                                                           | 33,197.                             | 4,078.                              | 17,400.                                        | 31,360.                 | 342,965.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (8) Ami McReynolds<br>Chief Equity & Programs Officer      | (i)  | 277,566.                                                           | 36,497.                             | 1,998.                              | 14,680.                                        | 12,071.                 | 342,812.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (9) Vincent Hall<br>Chief Gov Relations Officer            | (i)  | 266,695.                                                           | 34,425.                             | 3,646.                              | 15,563.                                        | 13,639.                 | 333,968.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (10) Erika Thiem<br>Chief Supply Chain Officer             | (i)  | 256,831.                                                           | 40,359.                             | 2,401.                              | 14,726.                                        | 12,603.                 | 326,920.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (11) Nancy Curby<br>EVP, Enterprise Effectiveness          | (i)  | 118,818.                                                           | 30,546.                             | 149,993.                            | 16,121.                                        | 5,488.                  | 320,966.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (12) Elizabeth Nielsen<br>SVP Digital and Direct Marketing | (i)  | 150,416.                                                           | 11,835.                             | 142,418.                            | 10,872.                                        | 1,347.                  | 316,888.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (13) Jennifer Polk<br>Chief Marketing & Comm. Officer      | (i)  | 249,288.                                                           | 12,201.                             | 998.                                | 15,866.                                        | 30,306.                 | 308,659.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (14) Angela DePaul<br>VP, Communication                    | (i)  | 147,344.                                                           | 10,763.                             | 126,307.                            | 10,427.                                        | 8,942.                  | 303,783.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (15) Daniel Nisbet<br>VP of Development                    | (i)  | 235,810.                                                           | 12,983.                             | 10,257.                             | 14,017.                                        | 22,612.                 | 295,679.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (16) Claire Wellington<br>Secretary                        | (i)  | 225,224.                                                           | 12,478.                             | 14,328.                             | 10,465.                                        | 23,753.                 | 286,248.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                                           |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                              |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (17) Matthew Hackler<br>VP, Strategy Capacity Development    | (i)  | 234,880.                                                           | 11,351.                             | 1,279.                              | 15,067.                                        | 14,178.                 | 276,755.                        | 0.                                                                    |
|                                                              | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (18) William Summerfelt<br>Chief Research Officer until 6/23 | (i)  | 222,300.                                                           | 28,376.                             | 2,057.                              | 14,060.                                        | 4,134.                  | 270,927.                        | 0.                                                                    |
|                                                              | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Part I, Line 4a:**

Elizabeth Nielsen, Nancy Curby, and Angela DePaul received a severance payment during the calendar year. The payment is included in Part VII, Column D and Schedule J, Part II, Column B-iii. The terms and conditions of the confidential severance agreement is available to the Internal Revenue Service upon request.

**Part I, Line 7:**

Feeding America may provide executives with lump-sum bonuses based on Executive's performance against pre-established goals, retention criteria during a major organizational transition, and the results achieved by the Organization. Bonuses are reviewed and approved by the Executive Compensation Committee of the Board.

The indicia used in this performance-based compensation plan include revenue, pounds/meals provided, and other "non-revenue" related goals and metrics of the Organization that are linked to Feeding America's Strategic and fiscal year business planning process.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Feeding America

Employer identification number

36-3673599

**Part I Types of Property**

|                                                                       | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art .....                                            |                               |                                                           |                                                                                    |                                                              |
| 2 Art - Historical treasures .....                                    |                               |                                                           |                                                                                    |                                                              |
| 3 Art - Fractional interests .....                                    |                               |                                                           |                                                                                    |                                                              |
| 4 Books and publications .....                                        |                               |                                                           |                                                                                    |                                                              |
| 5 Clothing and household goods .....                                  |                               |                                                           |                                                                                    |                                                              |
| 6 Cars and other vehicles .....                                       |                               |                                                           |                                                                                    |                                                              |
| 7 Boats and planes .....                                              |                               |                                                           |                                                                                    |                                                              |
| 8 Intellectual property .....                                         |                               |                                                           |                                                                                    |                                                              |
| 9 Securities - Publicly traded .....                                  | X                             | 39,625                                                    | 2,233,509.                                                                         | Selling Price                                                |
| 10 Securities - Closely held stock .....                              |                               |                                                           |                                                                                    |                                                              |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |                                                           |                                                                                    |                                                              |
| 12 Securities - Miscellaneous .....                                   |                               |                                                           |                                                                                    |                                                              |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |                                                           |                                                                                    |                                                              |
| 14 Qualified conservation contribution - Other ...                    |                               |                                                           |                                                                                    |                                                              |
| 15 Real estate - Residential .....                                    |                               |                                                           |                                                                                    |                                                              |
| 16 Real estate - Commercial .....                                     |                               |                                                           |                                                                                    |                                                              |
| 17 Real estate - Other .....                                          |                               |                                                           |                                                                                    |                                                              |
| 18 Collectibles .....                                                 |                               |                                                           |                                                                                    |                                                              |
| 19 Food inventory .....                                               | X                             | 229239378                                                 | 4,424,320,003.                                                                     | Product Valuation                                            |
| 20 Drugs and medical supplies .....                                   |                               |                                                           |                                                                                    |                                                              |
| 21 Taxidermy .....                                                    |                               |                                                           |                                                                                    |                                                              |
| 22 Historical artifacts .....                                         |                               |                                                           |                                                                                    |                                                              |
| 23 Scientific specimens .....                                         |                               |                                                           |                                                                                    |                                                              |
| 24 Archeological artifacts .....                                      |                               |                                                           |                                                                                    |                                                              |
| 25 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |
| 26 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |
| 27 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |
| 28 Other ( ..... )                                                    |                               |                                                           |                                                                                    |                                                              |

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

29

20

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

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

Yes No

|     |   |   |
|-----|---|---|
|     |   |   |
| 30a |   | X |
| 31  | X |   |
| 32a |   | X |
| 33  |   |   |

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

Schedule M (Form 990) 2022

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

Feeding America receives gifts of securities from donors which are delivered to its broker, who sells them on the same day and remits the sales proceeds to Feeding America.

Due to software limitations, Line 19, Column (b) does not show the full amount. The actual amount of food inventory contributions is 2,292,393,784 pounds.

Number of contributions reported in pounds. Annually, Feeding America performs a study to calculate the average wholesale price per pound (product valuation study). This value is then used to determine the fair value of donated produce and grocery items.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Feeding America

Employer identification number

36-3673599

Form 990, Part I, Line 1, Description of Organization Mission:

Our mission is to advance change in America by ensuring equitable

access to nutritious food for all in collaboration with partner food

banks, policymakers, supporters, and the communities we serve.

Form 990, Part III, Line 4a:

Food procurement program includes supply chain, logistics and product

sourcing services. Supply chain services facilitate the acquisition of

food and grocery products for free distribution to Americans in

communities across the country.

The Feeding America National Office augments donated food and grocery

products with produce procured from farmers and growers to ensure a

nutritional and well-rounded mix of product is available to the

network. A portion of these procurement costs are offset by fees paid

by member food banks to the donor/service provider, which may include

the cost of packaging, transportation, and processing fees. During

fiscal year 2023, the national produce program distributed 257 million

pounds of fresh produce to our partner food banks and related regional

organizations. Additionally, Feeding America regional sourcing

personnel generated 91 million pounds of produce for the network making

the total generated by Feeding America national office 348 million

pounds. The Feeding America network collectively secured more than 968

million pounds of fresh produce (produce sourced through our other

channels is not included in this number).

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
|---------------------------------------------|----------------------------------------------|

During fiscal year 2009, the Feeding America team launched a national grocery program to obtain lower prices for purchased groceries by leveraging the collective buying power of our partner food banks.

During fiscal year 2023, 178 members participated in the national grocery program, with purchases of \$136.6 million in food and grocery products that resulted in more than 156.6 million pounds of purchased food.

Product sourcing facilitates the donation of food and grocery products from major national and regional manufacturers and retailers. Through the efforts of food sourcing staff across the network, and the help of our trusted retail partners, the grocery rescue program (retail store donation program) secured more than 2.1 billion pounds of product. Food manufacturers donated more than 869 million pounds of food to our partner food banks.

In total, the Feeding America network distributed approximately 6.3 billion pounds of food and grocery items in fiscal year 2023 to people in need. This represents a 3 percent increase over fiscal year 2022.

Form 990, Part III, Line 4b:

Member services advances the operations of partner food banks through capability development, consulting, assessment and training. The Feeding America national office conducts a national network standards review for each Network member every 18-36 months to ensure compliance with the highest standards of food safety, management, governance and accountability. Due the need to social distance during the pandemic and an overhaul of national standards, some standards reviews were delayed.

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
|---------------------------------------------|----------------------------------------------|

Significant portions of the member services FY23 budget helped to provide grants to partner food banks supporting food sourcing and sharing, capacity building, and the development of services reaching communities disproportionately impacted by food insecurity such as communities that are racially marginalized and/or rural communities, the development of innovative charitable feeding programs, and other strategic initiatives.

Of all food and funds raised by the national office, more than 94 percent goes directly back to Network members to support programs and services, including more than \$244 million of direct support in the form of grants to the Network. Our Member Services program also advances logistics and service capacity through information technology; prepares our Network for responses to natural disasters through planning, information sharing and product deployment through disaster services; offers fundraising and food sourcing capacity building opportunities, and shares best practices and wisdom among Network members through knowledge and learning.

Form 990, Part III, Line 4c:

Public awareness and education services advance awareness of and engagement with the issue of hunger through marketing and engagement programs. All of which aim to mobilize the public and drive awareness and support of both the issue of domestic hunger generally and Feeding America specifically. We believe the U.S. public has a significant role to play in ending hunger. We have seen that people do indeed want to help people in need when they better understand who is affected by food insecurity, the extent of the problem, how it relates to their everyday

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
|---------------------------------------------|----------------------------------------------|

lives and what they can do to address it. Feeding America is focused on delivering this information through targeted initiatives such as Public Service Announcement (PSA) campaigns, media outreach and additional marketing programs designed to reach people during relevant time periods. These initiatives are created and supported by world class creative agencies, media partners and content distributors.

Form 990, Part III, Line 4d, Other Program Services:

Our Research and Evaluation Team spearheads critical research initiatives to better understand hunger and to continually improve our strategies to end it. We analyze the dynamics at play among the Nation's food insecure individuals and families, the patterns surrounding their use of our services, and endeavor to utilize this data to ultimately create better local feeding programs. Additionally, we investigate our own Organizational operations as a network, identifying opportunities for continual growth and refinement.

During fiscal year 2023, we released the thirteenth consecutive edition of Map the Meal Gap, our signature study on overall and child food insecurity in every county and congressional district in the United States. Not only does this study allow our partners, policy makers, donors and the public to understand the picture of hunger in their communities, it provides our food banks with data that enables them to target their services to people most in need. Feeding America also released county-level food insecurity estimates for Black and Latino households, providing new insights into racial inequities at the local level. Feeding America produced The State of Senior Hunger in America in 2021 which documents the prevalence of food insecurity among the

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
|---------------------------------------------|----------------------------------------------|

senior population age 60 and older in the United States, and older adults age 50-59.

In order to best use our resources as a network and work toward meeting our collective needs of having more timely neighbor insights now and into the future, Feeding America is scaling no-cost data collection platform to support neighbor intake at partner agencies across the country. This platform is a preferred provider for food banks implementing Service Insights, a network-wide approach to electronically collect consistent administrative intake data from and about the people who access the Feeding America network. Collecting this data electronically, using a common framework, will enable us to have a complete and up-to-date understanding of who we are serving locally and nationally. Feeding America launched a new initiative, the Network Measurement, Evaluation, and Learning (MEL) Approach, aimed at creating a common and consistent approach to program evaluation, using a shared language, in order to better understand the effectiveness of food bank programs across the network. We hosted our first ever evaluation grant to support local communities to assess and improve their programs.

Expenses \$ 98,976,752. incl grants of \$ 67,398,251. Revenue \$ 3,270,885.

#### Programs and Policy

Feeding America's national programs are targeted, scalable distribution models that increase access to meals through benefits access, groceries and meals to children, families, and seniors. We strengthen our network by providing grant funding, program standards, technical assistance, and training resources that increase capacity, build awareness, and

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
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improve equitable access. We have expanded the reach of our national programs by providing 162 million meals through programs that feed children, such as kids cafe, backpack, and school pantry programs; by providing eligible families access to over 288 million meals through supplemental nutrition assistance program (snap) application assistance; and by providing 204 million meals worth of nutritious food to food-insecure seniors through senior programs.

Our public policy and advocacy programs educate federal lawmakers and policy influencers about hunger in America and identify and advance policy solutions that assist individuals who are struggling with hunger and strengthen food banks. Our non-partisan efforts help protect and strengthen federal nutrition programs that provide meals to families, children and seniors in need and policies that facilitate and support charitable giving of food and funds to non-profits providing meals to hungry families in America.

Form 990, Part VI, Section B, line 11b:

The Audit and Risk Management Committee of the Feeding America Board of Directors reviewed the prepared form 990 during February 2024, followed by a sign-off by the full Board of Directors in March 2024. All bodies reviewed the report and had the opportunity to offer refinements to narrative language. Our accounting Firm, RSM US LLP, also helped prepare and review these forms. The final Form 990 was submitted to the Internal Revenue Service shortly after review.

Form 990, Part VI, Section B, Line 12c:

Annually, Executive Team members (currently approximately the fourteen

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
|---------------------------------------------|----------------------------------------------|

highest-ranking staff members) and Board members are required to sign a

Conflict of Interest form disclosing any such issues. Executive Team member

forms are reviewed by the Chief Human Resources Officer and the Boards' are

reviewed by the Secretary to the Board to ensure compliance. Any areas of

concern are thoroughly discussed and remedied at this time and throughout

the year. Board members with a conflict are required to recuse themselves

from voting on such matters in which they have a conflict.

Form 990, Part VI, Section B, Line 15:

The Executive Compensation Committee of the Feeding America Board of

Directors is charged with overseeing issues surrounding executive pay and

benefits. Committee members are fully independent of Feeding America

management, have no personal interest in executive compensation and are not

related to or under the control of any individual whose compensation is

under review. The Committee determines the Chief Executive Officer's

compensation based on a competitive market analysis. Compensation

determinations are also based on competitive market data for disqualified

persons - recommended by the CEO with assistance from the Chief Human

Resources Officer (or designated Executive team member) and approved by the

Committee. The Committee approves all compensation noted above in advance

of their implementation and documents its discussions and determinations in

the Committee's meeting minutes.

The Executive Compensation Committee of the Feeding America Board of

Directors and Feeding America work with a consulting firm that specializes

in compensation services to not-for-profit organizations, with a primary

focus on executive leadership. They provide data to the Committee to

evaluate the reasonableness of each Executive's total cash compensation.

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>Feeding America | Employer identification number<br>36-3673599 |
|---------------------------------------------|----------------------------------------------|

Compensation decisions are consistent with Feeding America's Board approved

executive compensation philosophy. Compensation decisions are documented in

the Committee's meeting minutes.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA

WV, WI, WA

Form 990, Part VI, Section C, Line 19:

The most recent audited Financial Statements are made available on the

Feeding America public website

(<https://www.feedingamerica.org/about-us/financials>) as well as other

charitable rating agencies. The Conflict of Interest Policy is available to

the general public upon written request to the Feeding America national

office. Governing documents are not currently available to the public.

Form 990, Part VI, Section B, Line 10b:

Each member food bank is an independent 501(c)(3) organization that

enters into a legal and binding contract with Feeding America. The

contract defines mutual accountability between both parties and

outlines a set of compliance standards that detail administrative,

operating, and non-compliance policies. A compliance audit is conducted

by Feeding America every 18-36 months based on a member's compliance

history. The visit allows Feeding America to verify compliance with the

member contract. Failure to maintain compliance can result in

probation, member sanctions and even termination, but typically only

after steps are taken by Feeding America staff to assist the member in

achieving compliance.

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| Feeding America          | 36-3673599                     |

Form 990, Part VIII, Line 10B:

Part VIII line 10b does not include the following direct costs related

to support the National Grocery program: salaries, technology,

occupancy and office expenses.

Form 990, Part IX:

Lines 5 to 24c include the following allocation of indirect expenses:

Program Services \$8,275,803

Management & General (\$17,073,498)

Fundraising Expenses \$8,797,695

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Value of Gift Annuities -167,242.

Write-off of Pledges -197,180.

Accretion of Sublease -4,841.

Total to Form 990, Part XI, Line 9 -369,263.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

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Employer identification number

36-3673599

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                               | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
| Feeding America Grantor Trust - 36-7640794<br>161 North Clark Street, Suite 700<br>Chicago, IL 60610 | Investing               | Illinois                                            | 1,969,989.          | 65,809,603.               | Feeding America                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |
|                                                                                                      |                         |                                                     |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                          |                         |                                                     |                               |                                                           |                                     | Yes                                                | No |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |

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

Schedule R (Form 990) 2022

## Part III

[illegible]

## Part IV

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|                                                                                                                                                                                       | Yes       | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....                                                                        | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                                                                                        | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                                                                                                      | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                                                                                             | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                                                                                                    | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) .....                                                                                                                                 | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) .....                                                                                                                              | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) .....                                                                                                                        | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) .....                                                                                                                        | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                                                                                             | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                                                                                           | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                                                                         | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                                                                          | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                                                                          | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                                                                                                 | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                                                                                             | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                                                                                             | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                                                                                          | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                                                                                        | <b>1s</b> |    |
| <b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |           |    |

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)                                 |                                  |                        |                                              |
| (2)                                 |                                  |                        |                                              |
| (3)                                 |                                  |                        |                                              |
| (4)                                 |                                  |                        |                                              |
| (5)                                 |                                  |                        |                                              |
| (6)                                 |                                  |                        |                                              |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

# 2022

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed.                                                                                                                                                                                                                       |  | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)                                                                                                                                                  |  | <b>D</b> Employer identification number                           |  |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A |  | <b>Print or Type</b><br>Feeding America<br>Number, street, and room or suite no. If a P.O. box, see instructions.<br>161 North Clark Street, 700<br>City or town, state or province, country, and ZIP or foreign postal code<br>Chicago, IL 60601 |  | 36-3673599<br><b>E</b> Group exemption number (see instructions)  |  |
|                                                                                                                                                                                                                                                                                       |  | <b>C</b> Book value of all assets at end of year ..... 626,129,732.                                                                                                                                                                               |  | <b>F</b> <input type="checkbox"/> Check box if an amended return. |  |
| <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university                            |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |
| <b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439                                                                                                                                      |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>                                                                                                                                      |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... 1                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation.      |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |
| <b>L</b> The books are in care of Paul Henrys, CFO Telephone number 800-771-2303                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                   |  |                                                                   |  |

## Part I Total Unrelated Business Taxable Income

|    |                                                                                                                                    |    |        |
|----|------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 1  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 0.     |
| 2  | Reserved .....                                                                                                                     | 2  |        |
| 3  | Add lines 1 and 2 .....                                                                                                            | 3  |        |
| 4  | Charitable contributions (see instructions for limitation rules) .....                                                             | 4  | 0.     |
| 5  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  |        |
| 6  | Deduction for net operating loss. See instructions .....                                                                           | 6  |        |
| 7  | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  |        |
| 8  | Specific deduction (generally \$1,000, but see instructions for exceptions) .....                                                  | 8  | 1,000. |
| 9  | Trusts. Section 199A deduction. See instructions .....                                                                             | 9  |        |
| 10 | Total deductions. Add lines 8 and 9 .....                                                                                          | 10 | 1,000. |
| 11 | Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....               | 11 | 0.     |

## Part II Tax Computation

|   |                                                                                                                                                                                                                            |   |    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 1 | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....                                                                                                                                        | 1 | 0. |
| 2 | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |    |
| 3 | Proxy tax. See instructions .....                                                                                                                                                                                          | 3 |    |
| 4 | Other tax amounts. See instructions .....                                                                                                                                                                                  | 4 |    |
| 5 | Alternative minimum tax (trusts only) .....                                                                                                                                                                                | 5 |    |
| 6 | Tax on noncompliant facility income. See instructions .....                                                                                                                                                                | 6 |    |
| 7 | Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....                                                                                                                                                       | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

**Part III Tax and Payments**

|           |                                                                                                                                                                                                                                          |           |  |    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|----|
| <b>1a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....                                                                                                                                                        | <b>1a</b> |  |    |
| <b>b</b>  | Other credits (see instructions) .....                                                                                                                                                                                                   | <b>1b</b> |  |    |
| <b>c</b>  | General business credit. Attach Form 3800 (see instructions) .....                                                                                                                                                                       | <b>1c</b> |  |    |
| <b>d</b>  | Credit for prior year minimum tax (attach Form 8801 or 8827) .....                                                                                                                                                                       | <b>1d</b> |  |    |
| <b>e</b>  | <b>Total credits.</b> Add lines 1a through 1d .....                                                                                                                                                                                      | <b>1e</b> |  |    |
| <b>2</b>  | Subtract line 1e from Part II, line 7 .....                                                                                                                                                                                              | <b>2</b>  |  | 0. |
| <b>3</b>  | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... | <b>3</b>  |  |    |
| <b>4</b>  | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....                                                               | <b>4</b>  |  | 0. |
| <b>5</b>  | Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....                                                                                                                                                            | <b>5</b>  |  | 0. |
| <b>6a</b> | Payments: A 2021 overpayment credited to 2022 .....                                                                                                                                                                                      | <b>6a</b> |  |    |
| <b>b</b>  | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....                                                                                                                                     | <b>6b</b> |  |    |
| <b>c</b>  | Tax deposited with Form 8868 .....                                                                                                                                                                                                       | <b>6c</b> |  |    |
| <b>d</b>  | Foreign organizations: Tax paid or withheld at source (see instructions) .....                                                                                                                                                           | <b>6d</b> |  |    |
| <b>e</b>  | Backup withholding (see instructions) .....                                                                                                                                                                                              | <b>6e</b> |  |    |
| <b>f</b>  | Credit for small employer health insurance premiums (attach Form 8941) .....                                                                                                                                                             | <b>6f</b> |  |    |
| <b>g</b>  | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....                                                                                     | <b>6g</b> |  |    |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6g .....                                                                                                                                                                                     | <b>7</b>  |  |    |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....                                                                                                                                  | <b>8</b>  |  |    |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....                                                                                                                                        | <b>9</b>  |  |    |
| <b>10</b> | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....                                                                                                                                 | <b>10</b> |  |    |
| <b>11</b> | Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b> .....                                                                                                                                        | <b>11</b> |  |    |

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                                                          |                                   |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----|
| <b>1</b>  | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... | Yes                               | No |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....                                                                                                                                                                                                                                |                                   | X  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....                                                                                                                                                                                                                                                                           |                                   |    |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.                                                                                                                                                |                                   |    |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.                                                                                                                                       |                                   |    |
|           | Business Activity Code                                                                                                                                                                                                                                                                                                                                                   | Available post-2017 NOL carryover |    |
|           | 901101                                                                                                                                                                                                                                                                                                                                                                   | \$ 5,982.                         |    |
|           |                                                                                                                                                                                                                                                                                                                                                                          | \$                                |    |
| <b>6a</b> | Did the organization change its method of accounting? (see instructions) .....                                                                                                                                                                                                                                                                                           |                                   | X  |
| <b>b</b>  | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....                                                                                                                                                                                                                                    |                                   |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|                               |                                                                                                                                                                                                                                                                                                                        |                       |                        |                                                                                                                                                       |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                       |                        |                                                                                                                                                       |
|                               | Signature of officer                                                                                                                                                                                                                                                                                                   | Date                  | CEO Title              | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                                                                                                                                                                                                                                                             | Preparer's signature  | Date                   | Check <input type="checkbox"/> if self-employed                                                                                                       |
|                               | Rebekuh Eley                                                                                                                                                                                                                                                                                                           |                       |                        | PTIN P01247672                                                                                                                                        |
|                               | Firm's name RSM US LLP                                                                                                                                                                                                                                                                                                 | Firm's EIN 42-0714325 |                        |                                                                                                                                                       |
|                               | 30 South Wacker Dr, STE 3300                                                                                                                                                                                                                                                                                           |                       |                        |                                                                                                                                                       |
|                               | Firm's address Chicago, IL 60606                                                                                                                                                                                                                                                                                       |                       | Phone no. 312-634-3400 |                                                                                                                                                       |

**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                                                                              |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of the organization<br><div style="border-bottom: 1px solid black; padding-bottom: 2px;">Feeding America</div> | <b>B</b> Employer identification number<br><div style="border-bottom: 1px solid black; padding-bottom: 2px;">36-3673599</div> |
| <b>C</b> Unrelated business activity code (see instructions)      901101                                                     | <b>D</b> Sequence:      1      of      1                                                                                      |

**E** Describe the unrelated trade or business      Partnership Investments

| <b>Part I</b> Unrelated Trade or Business Income                                                  |           | (A) Income | (B) Expenses | (C) Net |
|---------------------------------------------------------------------------------------------------|-----------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales                                                                |           |            |              |         |
| <b>b</b> Less returns and allowances                                                              |           |            |              |         |
| <b>c</b> Balance                                                                                  | <b>1c</b> |            |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                    | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                               | <b>3</b>  |            |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                         | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts                                                        | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)      Statement 1 | <b>5</b>  | -1,553.    |              | -1,553. |
| <b>6</b> Rent income (Part IV)                                                                    | <b>6</b>  |            |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)                                                  | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)       | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)            | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII)                                            | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Part IX)                                                            | <b>11</b> |            |              |         |
| <b>12</b> Other income (see instructions; attach statement)                                       | <b>12</b> |            |              |         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                                | <b>13</b> | -1,553.    |              | -1,553. |

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        | <b>1</b>  |         |
| <b>2</b> Salaries and wages                                                                                                | <b>2</b>  |         |
| <b>3</b> Repairs and maintenance                                                                                           | <b>3</b>  |         |
| <b>4</b> Bad debts                                                                                                         | <b>4</b>  |         |
| <b>5</b> Interest (attach statement). See instructions                                                                     | <b>5</b>  |         |
| <b>6</b> Taxes and licenses                                                                                                | <b>6</b>  |         |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b>  |         |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8a</b> |         |
| <b>9</b> Depletion                                                                                                         | <b>9</b>  |         |
| <b>10</b> Contributions to deferred compensation plans                                                                     | <b>10</b> |         |
| <b>11</b> Employee benefit programs                                                                                        | <b>11</b> |         |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               | <b>12</b> |         |
| <b>13</b> Excess readership costs (Part IX)                                                                                | <b>13</b> |         |
| <b>14</b> Other deductions (attach statement)                                                                              | <b>14</b> |         |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  | <b>15</b> | 0.      |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | -1,553. |
| <b>17</b> Deduction for net operating loss. See instructions                                                               | <b>17</b> | 0.      |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          | <b>18</b> | -1,553. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                          |          |                                                          |
|----------|--------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| <b>1</b> | Inventory at beginning of year .....                                                                                     | <b>1</b> |                                                          |
| <b>2</b> | Purchases .....                                                                                                          | <b>2</b> |                                                          |
| <b>3</b> | Cost of labor .....                                                                                                      | <b>3</b> |                                                          |
| <b>4</b> | Additional section 263A costs (attach statement) .....                                                                   | <b>4</b> |                                                          |
| <b>5</b> | Other costs (attach statement) .....                                                                                     | <b>5</b> |                                                          |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 .....                                                                                | <b>6</b> |                                                          |
| <b>7</b> | Inventory at end of year .....                                                                                           | <b>7</b> |                                                          |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                           | <b>8</b> |                                                          |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

|          |                                                                                                                                                 |           |          |          |          |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|----------|
| <b>1</b> | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.                                |           |          |          |          |
| <b>A</b> | <input type="checkbox"/>                                                                                                                        |           |          |          |          |
| <b>B</b> | <input type="checkbox"/>                                                                                                                        |           |          |          |          |
| <b>C</b> | <input type="checkbox"/>                                                                                                                        |           |          |          |          |
| <b>D</b> | <input type="checkbox"/>                                                                                                                        |           |          |          |          |
| <b>2</b> | Rent received or accrued                                                                                                                        | <b>A</b>  | <b>B</b> | <b>C</b> | <b>D</b> |
| <b>a</b> | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |           |          |          |          |
| <b>b</b> | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |           |          |          |          |
| <b>c</b> | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....                                                     |           |          |          |          |
| <b>3</b> | Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....                            | <b>0.</b> |          |          |          |
| <b>4</b> | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....                                                   |           |          |          |          |
| <b>5</b> | <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....                                     | <b>0.</b> |          |          |          |

**Part V Unrelated Debt-Financed Income** (see instructions)

|           |                                                                                                                        |           |          |          |          |
|-----------|------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|----------|
| <b>1</b>  | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  |           |          |          |          |
| <b>A</b>  | <input type="checkbox"/>                                                                                               |           |          |          |          |
| <b>B</b>  | <input type="checkbox"/>                                                                                               |           |          |          |          |
| <b>C</b>  | <input type="checkbox"/>                                                                                               |           |          |          |          |
| <b>D</b>  | <input type="checkbox"/>                                                                                               |           |          |          |          |
| <b>2</b>  | Gross income from or allocable to debt-financed property .....                                                         | <b>A</b>  | <b>B</b> | <b>C</b> | <b>D</b> |
| <b>3</b>  | Deductions directly connected with or allocable to debt-financed property                                              |           |          |          |          |
| <b>a</b>  | Straight line depreciation (attach statement) .....                                                                    |           |          |          |          |
| <b>b</b>  | Other deductions (attach statement) .....                                                                              |           |          |          |          |
| <b>c</b>  | Total deductions (add lines 3a and 3b, columns A through D) .....                                                      |           |          |          |          |
| <b>4</b>  | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                  |           |          |          |          |
| <b>5</b>  | Average adjusted basis of or allocable to debt-financed property (attach statement) .....                              |           |          |          |          |
| <b>6</b>  | Divide line 4 by line 5 .....                                                                                          | %         | %        | %        | %        |
| <b>7</b>  | Gross income reportable. Multiply line 2 by line 6 .....                                                               |           |          |          |          |
| <b>8</b>  | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....        | <b>0.</b> |          |          |          |
| <b>9</b>  | Allocable deductions. Multiply line 3c by line 6 .....                                                                 |           |          |          |          |
| <b>10</b> | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... | <b>0.</b> |          |          |          |
| <b>11</b> | <b>Total dividends-received deductions</b> included in line 10 .....                                                   | <b>0.</b> |          |          |          |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization |  | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |                                                                                     | 6. Deductions directly connected with income in column 5 |
|------------------------------------|--|-----------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |  |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income |                                                          |
| (1)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |
| (2)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |
| (3)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |
| (4)                                |  |                                   |                                                   |                                     |                                                                                     |                                                          |

  

| Nonexempt Controlled Organizations |                                                   |                                     |                                                                                      |                                                                    |
|------------------------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10         |
| (1)                                |                                                   |                                     |                                                                                      |                                                                    |
| (2)                                |                                                   |                                     |                                                                                      |                                                                    |
| (3)                                |                                                   |                                     |                                                                                      |                                                                    |
| (4)                                |                                                   |                                     |                                                                                      |                                                                    |
|                                    |                                                   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| <b>Totals</b>                      |                                                   |                                     | 0.                                                                                   | 0.                                                                 |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                   | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|
| (1)                      |                                                                       |                                                     |                                  |                                                                       |
| (2)                      |                                                                       |                                                     |                                  |                                                                       |
| (3)                      |                                                                       |                                                     |                                  |                                                                       |
| (4)                      |                                                                       |                                                     |                                  |                                                                       |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            | 0.                                                                    |                                                     |                                  | 0.                                                                    |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                |   |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Description of exploited activity: _____                                                                                                       |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income _____                                                                         | 5 |  |
| 6 | Expenses attributable to income entered on line 5 _____                                                                                        | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |  |

Schedule A (Form 990-T) 2022

## Schedule A (Form 990-T) 2022

|                |                                 |             |
|----------------|---------------------------------|-------------|
| Form 990-T (A) | Income (Loss) from Partnerships | Statement 1 |
|----------------|---------------------------------|-------------|

| Description                                                            | Net Income<br>or (Loss) |
|------------------------------------------------------------------------|-------------------------|
| Met Limited Liability Partnership - Ordinary Business<br>Income (loss) | -1,553.                 |
| Total Included on Schedule A, Part I, line 5                           | -1,553.                 |

|             |                                        |             |
|-------------|----------------------------------------|-------------|
| 990-T Sch A | Post-2017 Net Operating Loss Deduction | Statement 2 |
|-------------|----------------------------------------|-------------|

| Tax Year                          | Loss Sustained | Loss<br>Previously<br>Applied | Loss<br>Remaining | Available<br>This Year |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 06/30/20                          | 2,142.         | 0.                            | 2,142.            | 2,142.                 |
| 06/30/21                          | 2,052.         | 0.                            | 2,052.            | 2,052.                 |
| 06/30/22                          | 1,788.         | 0.                            | 1,788.            | 1,788.                 |
| NOL Carryover Available This Year |                |                               | 5,982.            | 5,982.                 |