Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
FARMLINK PROJECT

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3680 WILSHIRE BLVD., STE P04-1590

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

F Name and address of principal officer: ELIZA BLANK
SAME AS C ABOVE

D Employer identification number
85-1398171

E Telephone number
701-515-4769

G Gross receipts $ 99,310,401.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: HTTPS://WWW.FARMLINKPROJECT.ORG/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	27
6	Total number of volunteers (estimate if necessary)	6	151
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,506,709.	99,129,467.
9	Program service revenue (Part VIII, line 2g)	13,946.	-38,905.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,319.	179,253.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,000.	-516.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,549,974.	99,269,299.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,493,244.	86,362,255.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	577,904.	2,353,693.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 656,590.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,110,643.	5,982,787.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,181,791.	94,698,735.
19	Revenue less expenses. Subtract line 18 from line 12	368,183.	4,570,564.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,988,100.	9,491,247.
21	Total liabilities (Part X, line 26)	377,889.	313,988.
22	Net assets or fund balances. Subtract line 21 from line 20	4,610,211.	9,177,259.

Part II Signature Block

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

Sign Here

Signed by: [signature] 10/1/2025
Signature of officer — Date

ELIZA BLANK, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICHARD J. LOCASTRO, CPA	Richard J. Locastro	10/01/2025	☐	P00288314

Firm's name GELMAN, ROSENBERG & FREEDMAN — Firm's EIN 52-1392008

Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 — Phone no. 301-951-9090

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 X

1 Briefly describe the organization's mission:
FARMLINK PROJECT'S MISSION IS TO DELIVER PRODUCE AND OTHER GOODS FROM FARMS WITH SURPLUS RESOURCES TO FOOD BANKS ACROSS THE UNITED STATES. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X 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 X 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 $ 91,938,059. including grants of $ 86,362,255.) (Revenue $ 1,780.)
FOOD WASTE AND HUNGER: PROGRAM SERVICES PRIMARILY PERTAIN TO COLLABORATIVE ACTIVITIES OF THE ORGANIZATION TO CONNECT FARMERS TO FOOD BANKS, DELIVERING EXCESS FARM FRESH PRODUCE, THAT WOULD OTHERWISE GO TO WASTE, TO FEED FAMILIES IN NEED. FOR THE PERIOD FROM APRIL 1, 2024 TO MARCH 31, 2025, THE ORGANIZATION RECEIVED AND DISTRIBUTED 100,369,018 POUNDS OF FOOD - BEING PREDOMINANTLY PRODUCE. THE ORGANIZATION CONDUCTED ITS OPERATIONS NATIONWIDE AND ACTIVELY CULTIVATED RELATIONSHIPS WITH ALL PARTIES INVOLVED BY STAYING COMMITTED TO ITS CORE VALUES: PRIZING HONEST OPEN COMMUNICATION; UPLIFTING AND CHAMPIONING DIVERSITY; ADVANCING FOOD SECURITY AND EQUITY; AND BELIEVING IN FOOD SOVEREIGNTY AND DIGNITY.

4b (Code:) (Expenses $ 287,367. including grants of $) (Revenue $ 0.)
FIELD FELLOWSHIP: THE FIELD FELLOWSHIP IS ACTIVATING YOUNG PEOPLE WITH THE TOOLS TO LAUNCH SOLUTIONS FOR OUR MOST PRESSING GLOBAL CHALLENGES: HUNGER AND CLIMATE CHANGE. EVERY YEAR WE BUILD A COHORT OF AROUND 10 HUMANITARIAN AVENGERS. EACH FELLOW BRINGS A UNIQUE PERSPECTIVE, BUT THEY ALL SHARE AN UNMATCHED DEDICATION TO MAKING THE WORLD A BETTER PLACE. FELLOWS LEARN FROM INDUSTRY EXPERTS, CULTIVATE ENTREPRENEURIAL MINDSETS, AND GAIN REAL WORK EXPERIENCE TO SUPPORT THE CREATION OF THEIR OWN FOOD SYSTEM INNOVATIONS. THE PROGRAM WAS LAUNCHED IN 2023.

4c (Code:) (Expenses $ 150,891. including grants of $) (Revenue $ -41,206.)
SUSTAINABILITY: THE MISSION OF THE SUSTAINABILITY TEAM IS TO ACCURATELY QUANTIFY AND TRANSLATE THE CLIMATE VALUE OF FARMLINK'S FOOD RECOVERY TO EARN THE CREDIBILITY AND TRUST NEEDED TO UNLOCK FUNDING, SCALE OPERATIONS AND IMPACT, SPUR INNOVATION, AND SHIFT THE SOCIAL PERSPECTIVES THAT INFORM POLICY AND LEGISLATIVE CHANGES THAT PROMOTE HUMAN AND PLANETARY HEALTH. FARMLINK CONNECTS A DISJOINTED GLOBAL FOOD SYSTEM TO FEED PEOPLE AND FIGHT CLIMATE CHANGE, MAKING TANGIBLE ENVIRONMENTAL IMPACT THROUGH THE FOLLOWING:
MITIGATION: PREVENTS METHANE EMISSIONS GENERATED BY FOOD WASTE, A SOLUTION CITED TO BE ONE OF THE MOST EFFICIENT WAYS TO SLOW GLOBAL WARMING.
ADAPTATION: REDUCES THE IMPACT OF WEATHER-RELATED SHOCKS ON THE SUPPLY

4d Other program services (Describe on Schedule O.)
(Expenses $ 109,593. including grants of $) (Revenue $ 0.)

4e Total program service expenses 92,485,910.

SEE SCHEDULE O FOR CONTINUATION(S)

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part IV Checklist of Required Schedules

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

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	70		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** 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? N/A If "Yes," complete Form 6069.	17			

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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 X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI

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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

CHRISTINE CHOE - 701-515-4769

3680 WILSHIRE BLVD., STE P04-1590, LOS ANGELES, CA 90010

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENJAMIN COLLIER CEO	40.00	X		X				125,895.	0.	8,911.
(2) CHRISTINE CHOE CHIEF OPERATING OFFICER	30.00			X				129,178.	0.	4,928.
(3) LUIS YEPIZ MAN. DIR., FOOD PRGM & AGENCY RELATI	40.00					X		116,636.	0.	15,234.
(4) MICHAEL MEYER HEAD OF FARMER ADVOCACY	40.00					X		112,894.	0.	394.
(5) EMMA WORTH VP OF DEVELOPMENT (THROUGH 8/24)	40.00					X		101,756.	0.	3,148.
(6) ANDREW GOLDMAN CHAIRMAN/PRESIDENT	1.00	X		X				0.	0.	0.
(7) RICH DACHMAN TREASURER	1.00	X		X				0.	0.	0.
(8) MARY ELLEN KANOFF SECRETARY	1.00	X		X				0.	0.	0.
(9) KEVIN REILLY BOARD MEMBER	1.00	X						0.	0.	0.
(10) VALERIE BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(11) NATHAN CHAPPELL BOARD MEMBER	1.00	X						0.	0.	0.
(12) JAMES KANOFF BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								586,359.	0.	32,615.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								586,359.	0.	32,615.

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 5

		Yes	No
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*	3		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*	4		X
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*	5		X

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) Name and business address	(B) Description of services	(C) Compensation
JH ROSE LOGISTICS LLC 4950 AVEBUDA CREEL, SANTA TERESA, NM 88008	TRUCKING & DISTRIBUTION	1,107,085.
ACTION ENTERPRISES 204 20TH STREET NORTH, BIRMINGHAM, AL 35203	TRUCKING & DISTRIBUTION	460,791.
LION POWER EXPRESS INC, 729 S NORMANDIE AVE APT 208, LOS ANGELES, CA 90005	TRUCKING & DISTRIBUTION	350,800.
RR TRANSPORT LOGISTICS INC, 4105 BURNS S RD, PALM BEACH GARDENS, FL 33410	TRUCKING & DISTRIBUTION	236,460.
PMH TRUCKING 8642 ALAMEDA ST, DOWNEY, CA 90242	TRUCKING & DISTRIBUTION	207,301.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 7

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	99,129,467.			
	g Noncash contributions included in lines 1a-1f	1g	$ 86,402,319.			
	h **Total.** Add lines 1a-1f		99,129,467.			
Program Service Revenue		**Business Code**				
	2a SCREENING & SPEAKER FEES	900099	2,301.	2,301.		
	b CARBON CREDIT REVENUE	900099	-41,206.	-41,206.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		-38,905.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		172,406.			172,406.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	42,605.				
	b Less: cost or other basis and sales expenses 7b	35,758.				
	c Gain or (loss) 7c	6,847.				
	d Net gain or (loss)		6,847.			6,847.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a	4,823.				
	b Less: cost of goods sold 10b	5,344.				
	c Net income or (loss) from sales of inventory		-521.	-521.		
Miscellaneous Revenue		**Business Code**				
	11a MISCELLANEOUS	900099	5.			5.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		5.			
	12 **Total revenue.** See instructions		99,269,299.	-39,426.	0.	179,258.

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	81,925,644.	81,925,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,436,611.	4,436,611.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	288,312.	36,910.	199,728.	51,674.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,755,872.	789,847.	544,754.	421,271.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,224.	27,020.	17,958.	14,246.
9 Other employee benefits	89,225.	37,150.	32,069.	20,006.
10 Payroll taxes	161,060.	65,443.	58,361.	37,256.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	81,415.		81,415.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,375.		3,375.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	504,711.	77,928.	373,409.	53,374.
12 Advertising and promotion	5,803.		5,803.	
13 Office expenses	55,900.	2,792.	47,409.	5,699.
14 Information technology	2,011.	205.	1,387.	419.
15 Royalties				
16 Occupancy	18,454.	1,883.	12,726.	3,845.
17 Travel	192,020.	116,515.	53,227.	22,278.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,874.	13,391.	5,194.	2,289.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,353.		14,353.	
24 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.)				
a FREIGHT/TRANSPORTATION	4,785,111.	4,785,111.		
b STUDENT STIPEND	134,084.	127,492.	2,190.	4,402.
c DUES & SUBSCRIPTIONS	96,806.	37,417.	42,149.	17,240.
d TAXES AND LICENSES	22,780.		22,780.	
e All other expenses	45,090.	4,551.	37,948.	2,591.
25 **Total functional expenses.** Add lines 1 through 24e	94,698,735.	92,485,910.	1,556,235.	656,590.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,234,735.	1	1,707,830.
	2	Savings and temporary cash investments	1,288,659.	2	4,889,004.
	3	Pledges and grants receivable, net	423,739.	3	2,236,638.
	4	Accounts receivable, net	76,743.	4	51,842.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	46,383.	8	25,558.
	9	Prepaid expenses and deferred charges	38,184.	9	29,784.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,879,657.	11	550,591.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	4,988,100.	16	9,491,247.
Liabilities	17	Accounts payable and accrued expenses	377,889.	17	313,988.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	377,889.	26	313,988.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,106,621.	27	5,235,557.
	28	Net assets with donor restrictions	1,503,590.	28	3,941,702.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,610,211.	32	9,177,259.
	33	Total liabilities and net assets/fund balances	4,988,100.	33	9,491,247.

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	99,269,299.
2	Total expenses (must equal Part IX, column (A), line 25)	2	94,698,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,570,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,610,211.
5	Net unrealized gains (losses) on investments	5	-3,516.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,177,259.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a		X
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	3b		

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

FARMLINK PROJECT

Employer identification number

85-1398171

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51173516.	55253352.	165697314	28506709.	99129467.	399760358
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	51173516.	55253352.	165697314	28506709.	99129467.	399760358
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						61742967.
6 **Public support.** Subtract line 5 from line 4.						338017391

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	51173516.	55253352.	165697314	28506709.	99129467.	399760358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	136.	1,450.	48,540.	20,204.	172,406.	242,736.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	805.		11,012.	7,000.	5.	18,822.
11 **Total support.** Add lines 7 through 10						400021916

12 Gross receipts from related activities, etc. (see instructions) 12 296,465.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 84.50 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described 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* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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

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

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

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

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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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.)

PART II, SHORT YEAR EXPLANATION:
THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD FROM CALENDAR YEAR JANUARY TO DECEMBER TO FISCAL YEAR APRIL TO MARCH, STARTING WITH THE SHORT PERIOD ENDED MARCH 31, 2024. THIS IS REFLECTED IN THE 2023 COLUMN.

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

FARMLINK PROJECT

Employer identification number

85-1398171

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 foundation

Check 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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: FARMLINK PROJECT

Employer identification number: 85-1398171

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 13,910,735.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		$ 9,747,180.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		$ 7,477,399.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		$ 4,955,449.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		$ 3,126,186.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		$ 3,000,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: FARMLINK PROJECT

Employer identification number: 85-1398171

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 2,957,175.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		$ 2,888,306.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		$ 2,808,975.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
10		$ 2,529,408.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
11		$ 2,250,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		$ 2,161,390.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Name of organization: FARMLINK PROJECT

Employer identification number: 85-1398171

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	16,175,273 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 13,910,735.	
2	11,333,930 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 9,747,180.	
3	8,694,651 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 7,477,399.	
4	5,762,150 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 4,955,449.	
5	3,635,100 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 3,126,186.	
7	3,438,576 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 2,957,175.	

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Name of organization: FARMLINK PROJECT

Employer identification number: 85-1398171

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	3,358,496 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 2,888,306.	
9	3,266,250 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 2,808,975.	
10	2,941,172 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 2,529,408.	
12	2,513,244 LBS OF DONATED FRESH PRODUCE VALUED AT $0.86 PER POUND	$ 2,161,390.	
		$	
		$	

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Name of organization: FARMLINK PROJECT

Employer identification number: 85-1398171

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. from 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

(a) No. from 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

(a) No. from 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

(a) No. from 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

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

SCHEDULE D (Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the 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 on line 2a	2c	
d	Number of conservation easements included on line 2c 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 2d 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 $ _____

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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.

1	Total revenue, gains, and other support per audited financial statements			1	99,639,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-3,516.		
b	Donated services and use of facilities	2b	371,933.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	368,417.
3	Subtract line 2e from line 1			3	99,271,268.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,375.		
b	Other (Describe in Part XIII.)	4b	-5,344.		
c	Add lines 4a and 4b			4c	-1,969.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	99,269,299.

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

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

1	Total expenses and losses per audited financial statements			1	95,072,637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	371,933.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,344.		
e	Add lines 2a through 2d			2e	377,277.
3	Subtract line 2e from line 1			3	94,695,360.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,375.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	3,375.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	94,698,735.

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 XI, LINE 4B - OTHER ADJUSTMENTS:
COST OF GOODS SOLD RECORDED IN EXPENSES ON THE AUDITED FINANCIAL STATEMENTS AND SHOWN ON FORM 990, PART VIII

PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD RECORDED IN EXPENSES ON THE AUDITED FINANCIAL STATEMENTS AND SHOWN ON FORM 990, PART VIII

PART XII, LINE 4B - OTHER ADJUSTMENTS:
COST OF GOODS SOLD RECORDED IN EXPENSES ON THE AUDITED FINANCIAL STATEMENTS AND SHOWN ON FORM 990, PART VIII

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part XIII Supplemental Information *(continued)*

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FARMLINK PROJECT

Employer identification number

85-1398171

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING		4,436,611.
3 a Subtotal	0	0			4,436,611.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,436,611.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	2039785.	2,371,843 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	595,912.	692,921 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	520,357.	605,066 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	435,693.	506,620 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	246,237.	286,322 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	127,752.	148,549 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	113,073.	131,480 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	103,200.	120,000 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 14

3 Enter total number of other organizations or entities 0

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	68,800.	80,000 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	59,473.	69,155 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	40,329.	46,894 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	34,400.	40,000 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	17,200.	20,000 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY
		NORTH AMERICA	TO PROVIDE FRESH PRODUCE TO FAMILIES IN NEED	0.	N/A	34,400.	40,000 POUNDS OF FRESH PRODUCE	USDA AMS COMMODITY WHOLESALE PRICE STUDY

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part IV Foreign Forms

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

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part V Supplemental Information

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

PART I, LINE 2:
OUR GRANTS ARE FOOD DONATIONS TO FOOD AGENCIES. WHEN WE RECEIVE INFORMATION ABOUT A FOOD DONATION FOR US FROM A GROWER OR DISTRIBUTOR THEN WE PUT OUT THE INFORMATION TO OUR NETWORK OF FOOD AGENCIES (FOOD BANKS AND FOOD PANTRIES) STARTING WITH AGENCIES IN CLOSEST PROXIMITY TO THE DONATED FOOD. WHOEVER CAN ACCEPT THE QUANTITY OF FOOD (EITHER ONE OR MULTIPLE AGENCIES) WILL THEN RECEIVE THE FOOD. WE THEN SCHEDULE TRANSPORTATION OF THE FOOD FROM THE FOOD DONOR TO THE FOOD AGENCY. WE DON'T HAVE SPECIFIC CRITERIA THAT AN AGENCY HAS TO MEET - THEY HAVE TO BE ABLE TO RECEIVE THE FOOD. THE AMOUNT OF THE GRANT IS OUR ESTIMATED VALUE ATTRIBUTED TO THE FOOD THAT IS DONATED TO US AND THEN SUBSEQUENTLY DONATED TO THE FOOD AGENCY.

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

SCHEDULE I (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

Part I General Information on Grants and Assistance

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

1 (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 noncash assistance	(h) Purpose of grant or assistance
FOOD FORWARD 5600 RICKENBACKER RD BLDG. 2E BELL, CA 90201	90-0678872	501(C)(3)	0.	8,848,153.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SOCIETY OF ST. ANDREW 3383 SWEET HOLLOW RD. BIG ISLAND, VA 24526-8517	54-1285793	501(C)(3)	0.	4,727,889.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING AMERICA 161 NORTH CLARK ST CHICAGO, IL 60601	36-3673599	501(C)(3)	0.	4,230,448.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CENTRAL CALIFORNIA FOOD BANK 4010 E. AMENDOLA DRIVE FRESNO, CA 93725	77-0320851	501(C)(3)	0.	4,222,826.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MEANS DATABASE 4410 MASSACHUSETTS AVE NW #397 WASHINGTON D.C., DC 20016	47-4262060	501(C)(3)	0.	3,418,693.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BIENESTAR IS WELL-BEING PO BOX 338 RANCHO CUCAMONGA, CA 91729	20-1855839	501(C)(3)	0.	3,050,972.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 231.

3 Enter total number of other organizations listed in the line 1 table ..... 6.

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
RURAL COMMUNITIES INITIATIVE 4769953 E 1040 RD MULDROW, OK 74948	83-2668521	501(C)(3)	0.	2,918,774.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FRESNO METRO MINISTRY 3845 N. CLARK ST FRESNO, CA 93726	94-2181848	501(C)(3)	0.	2,916,823.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SO WHAT ELSE 6901 ROCKLEDGE DR SUITE 709 BETHESDA, MD 20817	27-1219231	501(C)(3)	0.	2,141,755.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
REAL HOPE INC. 8172 E. LONG MESA DR PRESCOTT VALLEY, AZ 86314	84-3359872	501(C)(3)	0.	2,134,767.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109-5929	23-2202250	501(C)(3)	0.	2,025,517.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SHARING EXCESS 6700 ESSINGTON AVE PHILADELPHIA, PA 19153	86-2161466	501(C)(3)	0.	1,893,401.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HIGH DESERT SECOND CHANCE 16666 SMOKE TREE ST STE B4 HESPERIA, CA 92345	46-4690286	501(C)(3)	0.	1,655,409.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
LOVE COMMUNITY 1920 W CHESNUT AVE SANTA ANA, CA 92703	95-4575842	501(C)(3)	0.	1,626,075.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
VIDA LIFE MINISTRIES 11608 CEDAR AVE BLOOMINGTON, CA 92316	47-1281964	501(C)(3)	0.	1,304,132.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
HEART OF COMPASSION 600 S MAPLE AVE MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0.	1,283,713.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD FINDERS 10539 HUMBOLT ST LOS ALAMITOS, CA 90720	33-0412749	501(C)(3)	0.	1,173,232.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY ACTION PARTNERSHIP ORANGE COUNTY FOOD BANK - 11870 MONARCH ST - GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	0.	1,060,454.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
UNITED ACROSS BORDERS 701 S SUNKIST ST ANAHEIM, CA 92806	83-4655166	501(C)(3)	0.	1,032,771.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BLESSING OF HOPE 500 BECKER RD LEOLA, PA 17540	81-0941898	501(C)(3)	0.	952,281.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
UNITED HANDS 139TH ST AND N WILMINGTON AVE COMPTON, CA 90222	82-3694217	501(C)(3)	0.	787,270.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE 3000 CLUB 1741 W ROSE GARDEN LN PHOENIX, AZ 85027	27-3295358	501(C)(3)	0.	773,116.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK FOR MONTEREY COUNTY 353 WEST ROSSI ST SALINAS, CA 93907	77-0270228	501(C)(3)	0.	756,176.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SOUTH TEXAS FOOD BANK 2121 JEFFERSON ST LAREDO, TX 78040	74-2574983	501(C)(3)	0.	743,134.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
ROADRUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	0.	727,839.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MINISTERIOS BETESDA 1534 E CHESNUT AVE SANTA ANA, CA 92701	02-0722005	501(C)(3)	0.	643,475.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK OF THE RIO GRANDE VALLEY 724 N CAGE BLVD PHARR, TX 78577	74-2421560	501(C)(3)	0.	608,108.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MONTE SION CENTER 4405 E OLYMPIC BLVD LOS ANGELES, CA 90023	95-4603541	501(C)(3)	0.	548,585.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
LOS AMIGOS FARM 9638 ALLEN ROAD LITHIA, FL 33547			0.	548,250.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
EL PASOANS FIGHTING HUNGER FOOD BANK - 9541 PLAZA CIRCLE - EL PASO, TX 79927	45-2893839	501(C)(3)	0.	544,370.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
PRAISEALUJAH FOOD DISTRIBUTION CENTER - 20832 INTERNATIONAL BOULEVARD - SEATAC, WA 98198	01-0964541	501(C)(3)	0.	516,740.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING SAN DIEGO 9477 WAPLES ST SAN DIEGO, CA 92121	26-0457477	501(C)(3)	0.	505,017.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MIDWEST FOOD BANK 6450 S BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501(C)(3)	0.	493,978.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
EPIC CURE 2745 INDUSTRY CENTER RD STE 1 ST AUGUSTINE, FL 32084	83-2912083	501(C)(3)	0.	491,050.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY ACTION PARTNERSHIP OF KERN FOOD BANK - 1807 FELIZ DR - BAKERSFIELD, CA 93307	95-2402760	501(C)(3)	0.	490,456.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CABWAYLINGO APPALACHIAN MISSION 1475 LEFT FORK DUNLOW BYPASS RD DUNLOW, WV 25511	81-3590310	501(C)(3)	0.	479,070.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE - CONCORD, CA 94520	94-2418054	501(C)(3)	0.	450,672.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HARVEST OUTREACH PEOPLE PROJECT (HOPP) - 2200 BAYNARD BLVD - WILMINGTON, DE 19802	51-0068078	501(C)(3)	0.	450,183.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GRACE KLEIN COMMUNITY 2652 OLD ROCKY RIDGE ROAD HOOVER, AL 35216	80-0569639	501(C)(3)	0.	441,243.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMPASSION COALITION 178 INDUSTRIAL PARK DR FRANKFORT, NY 13340	16-1579336	501(C)(3)	0.	438,129.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GODS STOREHOUSE FOODBANK 2011 COAL HERITAGE ROAD BLUEFIELD, WV 24701	56-2215477	501(C)(3)	0.	427,793.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MATHIAS RURITAN CLUB 1103 UPPER COVER ROAD MATHIAS, WV 26812	55-6029132	501(C)(3)	0.	414,088.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY - 800 OHLONE PARKWAY - WATSONVILE, CA 95076	77-0326685	501(C)(3)	0.	397,032.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE CAMPAIGN AGAINST HUNGER 457 EAST 101 STREET BROOKLYN, NY 11236	20-0934854	501(C)(3)	0.	385,050.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	0.	370,116.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LN PLANO, TX 75075	75-1785357	501(C)(3)	0.	365,979.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FIRST FRUITS FARM 20431 MIDDLETOWN ROAD FREELAND, MD 21053	65-1220502	501(C)(3)	0.	353,676.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
IMPACT LA 7190 W SUNSET BLVD STE 525 LOS ANGELES, CA 90046	84-3797925	501(C)(3)	0.	340,034.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
YOUTH WAY MINISTRIES / MANNA MARKET - 3301 92ND AVE. NE - BLAINE, MN 55449	90-0647630	501(C)(3)	0.	331,745.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
JEE FOODS 131 N. THIRD ST HAMILTON, OH 45011	82-3983186	501(C)(3)	0.	323,574.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
TARRANT AREA FOOD BANK 2600 CULLEN FT. WORTH, TX 76107	75-1822473	501(C)(3)	0.	321,516.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
PHILABUNDANCE 6969 SILVER CREST RD NAZARETH, PA 18064	23-2290505	501(C)(3)	0.	316,862.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ARIZONA FOOD BANK NETWORK (AZFBN) 555 W GOLD HILL RD NOGALES, AZ 85621	86-0507679	501(C)(3)	0.	314,595.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CAFB - CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN ST SUITE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	0.	305,919.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 SOUTH COUNTRY CLUB ROAD - TUCSON, AZ 85713	51-0192519	501(C)(3)	0.	302,323.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CAMPESINXS A CAMPESINXS 350 SOUTH K ST OXNARD, CA 93030			0.	285,781.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GREATER CHRIST TEMPLE 312 EDWARDS DR EUTAW, AL 35462	91-0982375	501(C)(3)	0.	283,468.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
INSPIRED VISION COMPASSION CENTER 2019 N MASTERS DR DALLAS, TX 75217	45-2810447	501(C)(3)	0.	265,532.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CARING FOR FRIENDS 12271 TOWNSEND RD PHILADELPHIA, PA 19154	23-2072722	501(C)(3)	0.	263,306.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
9 MILLION REASONS EVANGEL FOOD PANTRY - 39-21 CRESCENT ST - LONG ISLAND CITY, NY 11101	83-1110947	501(C)(3)	0.	223,643.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
SALVATION ARMY WEST US 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275	94-1156347	501(C)(3)	0.	217,521.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BEAN SETTLEMENT RURITAN 4222 MT OLIVE ROAD RIO, WV 26755	55-0564853	501(C)(3)	0.	213,438.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
EAST-WEST FOOD RESCUE 17641 GARDEN WAY NE WOODINVILLE, WA 98072	85-1100467	501(C)(3)	0.	213,256.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CONVOY OF HOPE 1 CONVOY DRIVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	207,466.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ONE MORE CHILD 1015 SIKE BLVD LAKELAND, FL 33815	45-3175893	501(C)(3)	0.	201,276.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA - 1924 CAPITAL BOULEVARD - RALEIGH, NC 27604	56-1283426	501(C)(3)	0.	198,419.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BOSTON AREA GLEANERS 5 CRAIG RD ACTON, MA 01720	30-0434755	501(C)(3)	0.	198,095.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION FNP PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	194,630.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HIDDEN HARVEST 85711 PETER RABBIT LN COACHELLA, CA 92236	33-0821743	501(C)(3)	0.	193,333.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
CALIFORNIA EMERGENCY FOODLINK 5800 FOODLINK STREET SACRAMENTO, CA 95828	68-0275330	501(C)(3)	0.	191,056.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COLLABORATIVE FOR FRESH PRODUCE PO BOX 262567 PLANO, TX 75026	82-4308154	501(C)(3)	0.	187,026.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FARMERS AGAINST HUNGER NJ 173 CREEK RD DELRAN, NJ 08075	21-0634544	501(C)(3)	0.	172,786.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ROLLING HARVEST 1265 ALMSHOUSE ROAD DOYLESTOWN, PA 18901	27-4630639	501(C)(3)	0.	167,704.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
VINDEKET FOODS 1317 WEBSTER AVE FORT COLLINS, CO 80524	84-4870952	501(C)(3)	0.	158,119.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE FOOD BANK OF WESTERN MASSACHUSETTS - 97 NORTH HATFIELD ROAD - HATFIELD, MA 01038	04-2751023	501(C)(3)	0.	156,615.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD RESCUE US 1127 HIGH RIDGE RD. SUITE 338 STAMFORD, CT 06905	27-4486556	501(C)(3)	0.	140,429.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501(C)(3)	0.	127,927.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
UNITED FOOD BANK OF PLANT CITY 702 E. ALSOBROOK STREET PLANT CITY, FL 33563	59-3069728	501(C)(3)	0.	122,990.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
FOODLINK FOR TULARE COUNTY 611 2ND STREET EXETER, CA 93221	94-2558802	501(C)(3)	0.	121,466.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CONASUPO 9225 GREENLEAF AVE SANTA FE SPRINGS, CA 90670	92-0464700	501(C)(3)	0.	120,219.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CHRISTIAN HELP OF MINGO COUNTY 100 LINCOLN STREET KERMIT, WV 25674	55-0750315	501(C)(3)	0.	119,340.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BMORE COMMUNITY FOODS 300 WEST 24TH STREET BALTIMORE, MD 21211	81-4922824	501(C)(3)	0.	114,840.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029	74-2181456	501(C)(3)	0.	113,365.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
REGIONAL EAST TEXAS FOODBANK 3201 ROBERSTON RD TYLER, TX 75701	75-2222686	501(C)(3)	0.	111,800.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BORDER MISSIONS 203 RAMON AYALA DR HIDALGO, TX 78557	74-6068350	501(C)(3)	0.	111,770.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CARE AND SHARE 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	0.	109,048.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
NATIONAL DAY LABORER ORGANIZING NETWORK (NDLON) - 1030 S ARROYO PKWY STE 106 - PASADENA, CA 91105	20-8802586	501(C)(3)	0.	108,999.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
TABLE TO TABLE 260 SECAUCUS ROAD SECAUCUS, NJ 07094	22-3646125	501(C)(3)	0.	108,875.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MILFORD FOOD BANK 111 S. JAMES ST. MILFORD, IN 46542	86-3382997	501(C)(3)	0.	108,202.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
EAGLES HELPING HANDS 26255 SCHOOLCRAFT RD REDFORD CHAPTER TWP, MI 48239	86-3371962	501(C)(3)	0.	107,486.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CATHOLIC CHARITIES OF EASTERN OKLAHOMA - 1845 W 4TH ST - BARTLESVILLE, OK 74005	53-0196617	501(C)(3)	0.	103,948.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
METRO FOOD RESCUE 6928 EAST KNOLLWOOD CIRCLE WEST BLOOMFIELD, MI 48322	85-1902179	501(C)(3)	0.	102,512.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE HUB - RISE AUGUSTA 631 CHAFEE AVE AUGUSTA, GA 30904	58-2246930	501(C)(3)	0.	100,247.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
DON MANUEL FARM 9245 56TH STREET RIVERSIDE, CA 92509			0.	99,880.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
NEIGHBORHOOD NETWORK 258 SYCAMORE STREET ST MARYS, WV 26170	55-6000379	501(C)(3)	0.	98,783.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FRANK KONYN DAIRY 15777 OLD MILKY WAY ESCONDIDO, CA 92027			0.	98,453.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
FARM SHARE 18212 BLUE STAR HIGHWAY QUINCY, FL 32351	65-0342192	501(C)(3)	0.	97,808.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FACING HUNGER FOODBANK 1327 7TH AVE HUNTINGTON, WV 25701	55-0625915	501(C)(3)	0.	97,710.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CHURCH COMMUNITIES INTERNATIONAL 101 WOODCREST DRIVE RIFTON, NY 12471	14-1777904	501(C)(3)	0.	97,586.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SUPPLY HIVE FOOD RESCUE PO BOX 8338 DES MOINES, IA 50314	85-1650570	501(C)(3)	0.	96,792.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227	52-1135690	501(C)(3)	0.	93,519.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK OF DELAWARE 102 DELAWARE VETERANS BLVD MILFORD, DE 19963	51-0258984	501(C)(3)	0.	92,572.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HANDS OF HOPE 511 OAKWOOD CT JOLIET, IL 60436	26-0643414	501(C)(3)	0.	92,194.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
RUBYS PANTRY 5833 PECAN ST NORTH BRANCH, MN 55056	30-0157388	501(C)(3)	0.	91,719.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
4MYCITY 1133 WILSO DRIVE BALTIMORE, MD 21223	84-2908913	501(C)(3)	0.	88,825.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
CITY HOPE FOOD PANTRY 562 S 1000 E CLEARFIELD, UT 84015	87-0653799	501(C)(3)	0.	79,436.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WHITE PONY EXPRESS 2470 BATES AVENUE, SUITE D CONCORD, CA 94520	46-5220565	501(C)(3)	0.	79,006.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE FREEDOM TOUR PO BOX 2430 EAGLE LAKE, FL 33839	81-4516415	501(C)(3)	0.	76,772.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	0.	72,927.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
H AND J WEINBERG NORTHEAST PENNSYLVANIA REGIONAL FOOD BANK - 165 AMBER LANE - WILKES BARRE, PA 18702	23-1653093	501(C)(3)	0.	71,373.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DRIVE NE COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	0.	71,254.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HARVEST TYME FOOD MINISTRIES 500 AIRPORT RD FORT DEPOSIT, AL 36032	45-4859374	501(C)(3)	0.	71,167.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE CONCHO VALLEY REGIONAL FOODBANK - 1313 SOUTH HILL ST - SAN ANGELO, TX 76903	75-1897032	501(C)(3)	0.	70,336.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION FNP - PARKERSBURG PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	69,784.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 1380 CHATHAM PARKWAY - SAVANNAH, GA 31405	58-1442013	501(C)(3)	0.	69,135.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVENUE NORTH, UNITS D JACKSONVILLE, FL 32254	46-5014769	501(C)(3)	0.	69,058.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEED MY PEOPLE FOOD BANK 2610 ALPINE RD EAU CLAIRE, WI 54703	36-1488941	501(C)(3)	0.	68,800.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CATHOLIC CHARITIES OF OMAHA 9223 BEDFORD AVENUE OMAHA, NE 68134	47-0376612	501(C)(3)	0.	68,800.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE MILWAUKEE, WI 53205	39-1384593	501(C)(3)	0.	68,800.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ROCK GREEN BAPTIST CHURCH (GILMER COUNTY REC CENTER) - 1365 SYCAMORE RUN ROAD - GLENVILLE, WV 26351	55-0624310	501(C)(3)	0.	68,700.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WETZEL COUNTY SOLID WASTE AUTHORITY - 250 N STREET - NEW MARTINSVILLE, WV 26155		GOV'T	0.	68,484.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
TYGARTS VALLEY CONSERVATION 16346 BARBOUR COUNTY HIGHWAY PHILIPPI, WV 26416		GOV'T	0.	68,484.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	41-2269686	501(C)(3)	0.	65,796.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
CITY HARVEST 55-01 2ND STREET LONG ISLAND CITY, NY 11101	13-3170676	501(C)(3)	0.	65,393.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE FOOD BANK FOR CENTRAL AND NORTHEAST MISSOURI - 2101 VANDIVER DRIVE, SUITE B - COLUMBIA, MO 65202-1910	43-1238934	501(C)(3)	0.	65,318.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SOUTHEASTERN FOOD BANK 655 N. KISSIMMEE AVE OCOEE, FL 34761	59-3166797	501(C)(3)	0.	65,016.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY FOOD BANK OF FORT WORTH 3000 GALVEZ FORT WORTH, TX 76111	75-1813170	501(C)(3)	0.	64,466.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD RESCUE US (NORWALK CT) 15 SOUTH SMITH ST NORWALK, CT 06855	27-4486556	501(C)(3)	0.	63,004.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GLEANERS OF CLACKAMAS COUNTY 13821 FIR ST. OREGON CITY, OR 97045	93-0784775	501(C)(3)	0.	62,651.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING THE MULTITUDES 50 AZALEA DR CANTON, NC 28716	41-2245774	501(C)(3)	0.	62,417.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE COMMUNITY PANTRY 1130 HASLER VALLEY RD GALLUP, NM 87301	85-0460193	501(C)(3)	0.	62,200.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ECHO FOOD BANK 1921 E MURRAY DR FARMINGTON, NM 87401	85-0196667	501(C)(3)	0.	60,996.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
BRIGHTER BITES P.O. BOX 25456 HOUSTON, TX 77029	47-4070026	501(C)(3)	0.	59,815.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MOOREFIELD LIONS CLUB 483 OLD CAPON ROAD MOOREFILED, WV 26836	55-6028677	501(C)(3)	0.	59,567.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
YUMA COMMUNITY FOOD BANK 2404 E 24TH ST. STE. A YUMA, AZ 85365	86-0457836	501(C)(3)	0.	59,168.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
PASSION AND COMPASSION 5600 TAYLOR ROAD RIVERDALE, MD 20737	86-1404268	501(C)(3)	0.	58,972.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618	32-0362611	501(C)(3)	0.	58,260.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOODBANK OF SOUTHEASTERN VIRGINIA AND THE EASTERN SHORE - 800 TIDEWATER DRIVE - NORFOLK, VA 23504	52-1219783	501(C)(3)	0.	57,675.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE REFUGE 19 BROOKHAVEN STREET RAYSAL, WV 24879	32-0767449	501(C)(3)	0.	57,214.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION FNP - BRAXTON PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	56,750.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
LA PLANTA 6 METATE DR SANDIA PARK, NM 87047	99-1956787	501(C)(3)	0.	55,666.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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 LIBERTY FFA 700 COAL RIVER RD GLEN DANIEL, WV 25844	55-6000390	501(C)(3)	0.	52,953.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
TRI-COMMUNITY W.E.B. ASSOCIATION 18612 S 585 RD STILWELL, OK 74960	46-1069358	501(C)(3)	0.	52,800.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GREATER BOSTON FOOD BANK 70 S BAY AVE FANO MEMBER FOOD BANK BOSTON, MA 02118	04-2717782	501(C)(3)	0.	52,513.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THREE SQUARE 4190 N PECOS RD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	0.	49,515.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
TYRAND COOPERATIVE MINISTRIES 792 BACK ROAD MILL CREEK, WV 26280	55-0643559	501(C)(3)	0.	46,810.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SACRAMENTO FOOD BANK & FAMILY SERVICES - 1951 BELL AVE - SACRAMENTO, CA 95838	94-3315566	501(C)(3)	0.	46,341.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
LAREDO REGIONAL FOODBANK 2802 ANNA AVE LAREDO, TX 78040	74-2263742	501(C)(3)	0.	45,580.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SHARE FOOD PROGRAM 2901 W HUNTING PARK AVE PHILADELPHIA, PA 19129	23-2360819	501(C)(3)	0.	45,023.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CARHARTT, INC. 5750 MERCURY DRIVE DEARBORN, MI 48126	38-1776575		0.	44,899.	MARKET VALUE	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
WATER DROP LA 633 W 32ND STREET LOS ANGELES, CA 90007	85-2327993	501(C)(3)	0.	44,170.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WEST SIDE FOODBANK 1710 22ND ST SANTA MONICA, CA 90404	95-3685875	501(C)(3)	0.	41,916.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DR ATLANTA, GA 30344	58-1376648	501(C)(3)	0.	41,022.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	84-0772672	501(C)(3)	0.	37,178.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
NAVIDAD EN EL BARRIO 5600 RICKENBACKER RD. WAREHOUSE 1B BELL, CA 90201	51-0191663	501(C)(3)	0.	37,152.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MODESTO LOVE CENTER 2118 WOODLAND AVE MODESTO, CA 95358	94-2869407	501(C)(3)	0.	36,695.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	0.	36,409.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WV FAMILY NUTRITION PROGRAM PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	36,409.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
CHURCH OF CHRIST 1147 STAUNTON TURNPIKE PETROLEUM, WV 26161	11-3722625	501(C)(3)	0.	36,409.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
NRV GLEAN TEAM 6 HICKOCK STREET SW CHRISTIANSBURG, VA 24073	54-0534502	501(C)(3)	0.	36,409.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
OPERATION BLESSING 977 CENTERVILLE TPKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)	0.	36,120.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ISLAND HARVEST 126 SPAGNOLI ROAD MELVILLE, NY 11747	11-3136350	501(C)(3)	0.	36,003.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MT ZIONS UNITED METHODIST CHURCH 5377 MARTINSBURG RD BERKELEY SPRINGS, WV 25411	55-6020790	501(C)(3)	0.	35,542.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WELLSBURG CHURCH OF THE NAZARENE 835 WASHINGTON PIKE WELLSBURG, WV 26070	55-6066202	501(C)(3)	0.	35,542.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
PAWS FOR A CAUSE 729 E GRAND AVE TOWER CITY, PA 17980	47-1081438	501(C)(3)	0.	35,505.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SAN JOSE SHIP KITS 1524 BERGER DRIVE SAN JOSE, CA 95112	94-2825213	501(C)(3)	0.	35,465.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WESTERN MARYLAND FOODBANK 816 FREDERICK STREET CUMBERLAND, MD 21501	52-1305848	501(C)(3)	0.	35,294.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
PETERSON CENTRAL ELEMENTARY SCHOOL 500 BELIN ROAD WESTON, WV 26452	55-6000390	501(C)(3)	0.	35,109.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
HUGHES RIVER PRESBYTERIAN CHURCH HARRISVILLE MUNICIPAL BIULDING HARRISVILLE, WV 26362	55-0611653	501(C)(3)	0.	35,109.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	0.	35,000.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
KNOXVILLE DREAM CENTER 1444 BREDA DRIVE KNOXVILLE, TN 37918	46-3430928	501(C)(3)	0.	34,892.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	0.	34,821.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ALAMEDA FOOD BANK 650 W RANGER AVE ALAMEDA, CA 94501	94-2878910	501(C)(3)	0.	34,680.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE AFTERMARKET 4437 LAS VEGAS BLVD BLDG B LAS VEGAS, NV 89115	47-3097990	501(C)(3)	0.	34,400.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ETERNAL LIGHT 5752 N TELEGRAPH DEARBORN HEIGHTS, MI 48127	82-3643309	501(C)(3)	0.	34,400.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ST VINCENT DE PAUL OUTREACH FOOD CENTER - 169 N CENTREAL ACE - MARSHFIELD, WI 54449	39-1396428	501(C)(3)	0.	34,400.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE FOOD GROUP 8501 54TH AVE N NEW HOPE, MN 55428	41-1246504	501(C)(3)	0.	34,400.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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 HOUSE 739 PAW PAW DR HOLLAND, MI 49423	23-7120670	501(C)(3)	0.	34,400.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
PEACE PANTRY PO BOX 32 CEDAR HILL, MO 63016	43-1814790	501(C)(3)	0.	34,400.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SECOND HARVEST FOODBANK OF LEHIGH VALLEY & NORTHEAST PA - 6969 SILVER CREST RD - NAZARETH, PA 18064	23-1669589	501(C)(3)	0.	34,153.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION - KINGSWOOD PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	33,971.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COPO 1077 CONEY ISLAND AVE BROOKLYN, NY 11230	75-3046891	501(C)(3)	0.	33,945.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING CHARLOTTE 901 CARRIER DR CHARLOTTE, NC 28216	84-3548764	501(C)(3)	0.	33,712.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	0.	33,375.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
S WV HEALTH SYSTEM 7400 LYNN AVE HAMLIN, WV 25523	55-0552212	501(C)(3)	0.	33,375.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HIGHER GROUND BAPTIST MINISTRIES PO BOX 6005 MORGANTOWN, SC 29929	93-2204258	501(C)(3)	0.	33,024.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
STAFFORD EMERGENCY RELIEF THROUGH VOLUNTEER EFFORTS - 15 UPTON LANE - STAFFORD, VA 22554	54-1289683	501(C)(3)	0.	33,021.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SALS HISTORIC OAK HILL SCHOOL PO BOX 127 KINCAID, WV 25119	55-0620198	501(C)(3)	0.	31,923.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
AGAPE FOOD RESCUE 69 BELLMONT AVE BROOKLYN, NY 11212	47-1782688	501(C)(3)	0.	31,596.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
NEW HOPE BAPTIST 1777 ROSEMARY PARKERSBURG, WV 26105	55-0773375	501(C)(3)	0.	31,208.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
INLAND HARVEST 150 PALMYRITA AVE RIVERSIDE, CA 92507	33-0479589	501(C)(3)	0.	31,142.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	0.	30,960.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
PLEASANTS COUNTY COMMISSION 27 RENNER LANE FRIENDLY, WV 26146	55-6000379	501(C)(3)	0.	30,900.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
NORTHERN VIRGINIA FOOD RESCUE 10535 BATTLEVIEW PKWY MANASSAS, VA 20109	85-3050369	501(C)(3)	0.	30,196.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION - RAYSAL PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	29,722.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
SOUTHERN MARYLAND FOOD BANK 22 IRONGATE DRIVE WALDORF, MD 20602	53-0196524	501(C)(3)	0.	29,257.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SAN ANTONIO FOOD BANK 5200 HISTORIC OLD HWY 90 SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	0.	28,920.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SHADY SPRINGS FFA 300 HINTON ROAD SHADY SPRINGS, WV 25918	55-6000390	501(C)(3)	0.	28,758.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FARM TO SCHOOL FREDERICK 8397 BUCKEYE CT FREDERICK, MD 21702	88-1402592	501(C)(3)	0.	28,607.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY CONNECTION 1 MAIN ST CLAY, WV 25043	55-0740913	501(C)(3)	0.	28,607.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY ACTION PARTNERSHIP OF SAN BERNADINO - 696 S. TIPPECANOE AVE - SAN BERNARDINO, CA 92408	95-2376882	501(C)(3)	0.	28,406.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ST. MARY'S FOOD BANK 2831 N. 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501(C)(3)	0.	28,380.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION - PINEVILLE PO BOX 6005 MORGANTOWN, WV 26506	36-5088723	501(C)(3)	0.	28,236.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
LABOR OF LOVE 1379 TAZEWELL AVE. NORTH TAZEWELL, VA 24630	20-0729780	501(C)(3)	0.	27,307.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
COASTAL BEND FOOD BANK / FOOD BANK OF CORPUS - 5442 BEAR LN - CORPUS CHRISTI, TX 78408	74-2234089	501(C)(3)	0.	27,245.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FEEDING AMERICA RIVERSIDE AND SAN BERNARDINO COUNTIES - 2950 JEFFERSON STREET - RIVERSIDE, CA 92504	33-0072922	501(C)(3)	0.	27,137.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOODBANK OF SANTA BARBARA COUNTY 490 WEST FOSTER ROAD SANTA MARIA, CA 93455	77-0169214	501(C)(3)	0.	26,437.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FLORIDA FOOD FORCE 11523 PROSPEROUS DR ODESSA, FL 33556	82-3270729	501(C)(3)	0.	26,264.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437	94-2924979	501(C)(3)	0.	25,774.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WORLD FOOD BANK KITCHEN AND URBAN FARM - 410 S VAN NESS AVE - LOS ANGELES, CA 90020	86-3384271	501(C)(3)	0.	25,587.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HELPING HANDS OF LOS ANGELES 2360 E 51ST ST VERNON, CA 90058	85-3086233	501(C)(3)	0.	25,406.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GREY BEARS 2710 CHANTICLEER AVE SANTA CRUZ, CA 95065	94-2298681	501(C)(3)	0.	25,181.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
VALLEY LIGHTHOUSE 105 MAIN ST LYKENS, PA 17046	25-1792929	501(C)(3)	0.	25,055.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	91-1307564	501(C)(3)	0.	25,000.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOODBANK OF NEW YORK CITY 39 BROADWAY FL 10 NEW YORK CITY, NY 10006	13-3179546	501(C)(3)	0.	20,640.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
HELPFUL HARVEST 20 SCOTT AVENUE MORGANTOWN, WV 26408	55-0462065	501(C)(3)	0.	19,938.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION ANR PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	19,350.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION FCD PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	19,350.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION FNP - BARBOUR PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	18,204.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
WVU EXTENSION FNP - UPSHUR PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	501(C)(3)	0.	18,204.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MINISTERIOS CRISTIANOS FARO DE LUZ 2202 CENTER ST HUNTINGTON PARK, CA 90255	45-3414285	501(C)(3)	0.	17,200.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
GREEN BANK SENIOR CITIZENS CENTER 4500 POTOMAC HIGHLANDS TRAIL GREEN BANK, WV 24944			0.	15,850.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
ROCK CHURCH AND WORLD OUTREACH CENTER - 2345 S WATERMAN AVE - SAN BERNARDINO, CA 92408	95-3824225	501(C)(3)	0.	14,748.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BRUSH ARBOR GOSPEL MINISTRIES 768 BLUE BALL ROAD ELKTON, MD 21921	47-2088097	501(C)(3)	0.	14,448.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SUPPORT AND FEED 3756 W AVENUE 40 LOS ANGELES, CA 90065	85-4223098	501(C)(3)	0.	14,294.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BRAXTON COUNTY BOARD OF EDUCATION 100 CARTER BRAXTON DR SUTTON, WV 26601	55-6000301	501(C)(3)	0.	10,619.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
SEEDS OF HOPE 840 ECHO PARK AVE LOS ANGELES, CA 90026	95-1684078	501(C)(3)	0.	9,900.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
COMMUNITY AGRICULTURE NUTRITIONAL ENTERPRISE CANE - 38 COLLEGE DRIVE - WHITESBURG, KY 41858	81-1583005	501(C)(3)	0.	9,481.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
BRAZOS VALLEY FOOD BANK 1501 INDEPENDENCE AVE BRYAN, TX 77803	74-2380446	501(C)(3)	0.	9,451.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOOD SHARE OF VENTURA COUNTY 4156 N SOUTHBANK RD OXNARD, CA 93036	77-0018162	501(C)(3)	0.	9,378.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
FOODLINK - FOOD DISTRIBUTION CENTER - 2011 MT. READ BLVD - ROCHESTER, NY 14615	22-2428304	501(C)(3)	0.	9,330.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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
FAMILY FOOD MINISTRY 696 SARVIS BRANCH RD ESTILL SPRINGS, TN 37330	84-4465120	501(C)(3)	0.	9,288.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MONTROSE CHURCH, PASADENA-BRESEE CAMPUS - 1480 E WASHINGTON BLVD - PASADENA, CA 91104	95-3078799	501(C)(3)	0.	9,288.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
UTAH FOOD BANK 3150 S 900 W SOUTH SALT LAKE, UT 84119	87-0212453	501(C)(3)	0.	9,082.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DR OAKLAND, CA 94621	94-2960297	501(C)(3)	0.	8,600.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
MOVE FOR HUNGER 7 THIRD AVE NEPTUNE, NJ 07753	26-4826262	501(C)(3)	0.	8,221.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED
THE MOUNTAIN VIEW MIDDLE FFA 130 N STREET UNION, WV 24983	55-6000390	501(C)(3)	0.	7,625.	USDA AMS COMMODITY WHOLESALE PRICE STUDY	FRESH PRODUCE	TO PROVIDE HEALTHY FRESH PRODUCE TO FAMILIES IN NEED

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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

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:
OUR GRANTS ARE FOOD DONATIONS TO FOOD AGENCIES. WHEN WE RECEIVE INFORMATION ABOUT A FOOD DONATION FOR US FROM A GROWER OR DISTRIBUTOR THEN WE PUT OUT THE INFORMATION TO OUR NETWORK OF FOOD AGENCIES (FOOD BANKS AND FOOD PANTRIES) STARTING WITH AGENCIES IN CLOSEST PROXIMITY TO THE DONATED FOOD. WHOEVER CAN ACCEPT THE QUANTITY OF FOOD (EITHER ONE OR MULTIPLE AGENCIES) WILL THEN RECEIVE THE FOOD. WE THEN SCHEDULE TRANSPORTATION OF THE FOOD FROM THE FOOD DONOR TO THE FOOD AGENCY. WE DON'T HAVE SPECIFIC CRITERIA THAT AN AGENCY HAS TO MEET - THEY HAVE TO BE ABLE TO RECEIVE THE FOOD. THE AMOUNT OF THE GRANT IS OUR ESTIMATED VALUE ATTRIBUTED TO THE FOOD THAT IS DONATED TO US AND THEN SUBSEQUENTLY DONATED TO THE FOOD AGENCY.

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Part IV Business Transactions Involving Interested Persons

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	AIDAN REILLY	FAMILY MEMBER OF KE	113,406.	PAYROLL		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: AIDAN REILLY
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
FAMILY MEMBER OF KEVIN REILLY A BOARD MEMBER

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: FARMLINK PROJECT

Employer identification number: 85-1398171

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		44,899.	MARKET QUOTED PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	40,064.	MARKET QUOTED PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	163	86,317,356.	ANNUAL PRODUCT STUDY
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
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	0	
30a	During the year, did the organization receive by contribution any property reported on 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.			

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

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):
THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FARMLINK PROJECT

Employer identification number
85-1398171

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FARMLINK PROJECT IS A STUDENT-FOUNDED NON-PROFIT WITH AN INNOVATIVE SOLUTION TO COMBAT BOTH FOOD WASTE AND FOOD INSECURITY: WE PROVIDE SEAMLESS LOGISTICS TO CONNECT FARMERS TO HUNGER FIGHTING CHARITIES ACROSS THE UNITED STATES. THE FARMLINK PROJECT BUILDS SOLUTIONS TO MAKE THE ABUNDANCE OF NUTRITIOUS FOOD ACCESSIBLE TO ALL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CHAIN AND VULNERABLE COMMUNITIES FACING FOOD INSECURITY AND CLIMATE STRESSORS (I.E. EXTREME WEATHER, CLIMATE-INDUCED DISPLACEMENT). ADVOCATING ITS CRITICAL ROLE IN EXPANDING ACCESS TO NUTRITIOUS FOOD AND MITIGATING PREVENTABLE ENVIRONMENTAL HARM, FARMLINK ACCELERATES PROGRESS TOWARDS INTERNATIONAL GOALS TO HALVE FOOD WASTE AND END HUNGER BY 2030.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES
EXPENSES $ 109,593. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2:
THE UNPAID FOUNDER AND BOARD MEMBER, JAMES KANOFF, IS THE SON OF BOARD MEMBER MARY-ELLEN KANOFF.

FORM 990, PART VI, SECTION A, LINE 4:
THE BY-LAWS WERE UPDATED IN 2024 TO MAKE THE FOLLOWING CHANGES:
- UPDATED THE DESCRIPTION OF FARMLINK'S CHARITABLE PURPOSE
- ADDED THE ABILITY TO LABEL A SUPPORTER WHO MAKES A MONETARY CONTRIBUTION OR PAYS MEMBERSHIP FEES AS A "MEMBER"
- RAISED THE MINIMUM NUMBER OF DIRECTORS FROM ONE TO THREE
- INTRODUCED THE CONCEPT OF A "STAGGERED BOARD"
- ADDED THAT THE CEO SHALL SERVE AS A DIRECTOR ON THE BOARD
- DEFINED OFFICER TERMS
- ADDED REQUIREMENTS FOR COMMITTEES

FORM 990, PART VI, SECTION B, LINE 11B:
FARMLINK PROJECT'S OUTSIDE CPA FIRM, WITH ASSISTANCE FROM THE FARMLINK TEAM PREPARES THE FORM 990. THE FORM IS SUBSEQUENTLY REVIEWED AND APPROVED BY THE ORGANIZATION'S CEO. THE FORM IS THEN PROVIDED TO THE FULL BOARD FOR REVIEW BEFORE FILING.

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

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Name of the organization: FARMLINK PROJECT

Employer identification number: 85-1398171

POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS ADOPTED A COMPENSATION REVIEW POLICY RELATING TO THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND OTHER KEY EMPLOYEES. THE POLICY PROVIDES THAT THE REVIEW WILL BE CONDUCTED BY INDEPENDENT AND IMPARTIAL MEMBERS OF THE BOARD (OR A COMMITTEE OF THE BOARD). THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES BASED ON EXTERNAL COMPARABILITY DATA SUCH AS COMPENSATION PAID BY SIMILARLY SITUATED NONPROFITS AND FOR-PROFIT ORGANIZATIONS FOR COMPARABLE POSITIONS; AVAILABILITY OF SIMILAR SERVICES IN THE ORGANIZATION'S GEOGRAPHIC AREA; CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE COVERED INDIVIDUAL'S SERVICES. IN ADDITION, THE BOARD WILL ALSO REVIEW THE COMPENSATION OF THE PRESIDENT, TREASURER, AND ANY OTHER INDIVIDUALS REGARDLESS OF TITLE WITH RESPONSIBILITIES COMPARABLE TO THE CEO, PRESIDENT, CFO, INCLUDING THE PERSON WHO HAS ULTIMATE RESPONSIBILITY FOR MANAGING THE ORGANIZATION'S FINANCES. THE BOARD OF DIRECTORS WILL DOCUMENT HOW IT REACHED ITS DECISIONS AND THE DOCUMENTATION WILL NOTE THE TERMS OF THE COMPENSATION AND THE DATE IT WAS APPROVED, THE BOARD MEMBERS WHO WERE PRESENT AND VOTED DURING THE MEETING, THE RECOMMENDATIONS RECEIVED FROM CONSULTANTS, AND THE COMPARABLE DATA OBTAINED AND RELIED UPON. THE DATE OF THE LAST COMPENSATION REVIEW WAS DECEMBER 2024.

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,NC,OR,PA,RI,SC,TN,UT
VA,WV,WI

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

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

STATE COPY

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
FARMLINK PROJECT	85-1398171

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	99,310,401
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	99,269,299
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here Signed by: [signature] Signature of officer | 10/1/2025 Date | CEO Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's PTIN

Firm's name (or yours if self-employed) and address: GELMAN, ROSENBERG & FREEDMAN
4500 MONTGOMERY AVE SUITE 800N
BETHESDA, MD

Firm's FEIN 52-1392008

ZIP code 20814-2930

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature | Date | Check if self-employed ☐ | Paid preparer's PTIN P00288314

Firm's name (or yours if self-employed) and address: GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVE SUITE 800N
BETHESDA, MD

Firm's FEIN 52-1392008

ZIP code 20814-2930

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE

(For Registry Use Only)

FARMLINK PROJECT
Name of Organization

List all DBAs and names the organization uses or has used

3680 WILSHIRE BLVD., STE P04-1590
Address (Number and Street)

LOS ANGELES, CA 90010
City or Town, State, and ZIP Code

701-515-4769
Telephone Number

LISA.MAULDIN@FARMLINKPROJECT.ORG
E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 0277452

Corporation or Organization No. 4599069

Federal Employer ID No. 85-1398171

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 04/01/2024 **ending** 03/31/2025 **) list:**

Total Revenue (including noncash contributions) $ 99,269,299 **Noncash Contributions $** 86,402,319 **Total Assets $** 9,491,247

Program Expenses $ 92,485,910 **Total Expenses $** 94,698,735

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signed by: [signature] Signature of Authorized Agent

ELIZA BLANK — Printed Name

CEO — Title

10/1/2025 — Date

Docusign Envelope ID: E967C690-51D0-4E85-B46D-46448FC35CB0

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FARMLINK PROJECT

Taxpayer identification number (TIN)
85-1398171

Number, street, and room or suite no. If a P.O. box, see instructions.
3680 WILSHIRE BLVD., STE P04-1590

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOS ANGELES, CA 90010

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of CHRISTINE CHOE
3680 WILSHIRE BLVD., STE P04-1590 - LOS ANGELES, CA 90010

Telephone No. 701-515-4769 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until FEBRUARY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning APR 1, 20 24, and ending MAR 31, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25