Form	9	9	0
Departm	nent o	f the	Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or th	e 202	2 calendar year, or tax year beginning	and ending	l		
_			C Name of organization		D Employe	r identific	ation number
B c	heck if ap	plicable:	FOOD RESEARCH AND ACTION CENTER				
	Addre		Doing Business As			23-720	0739
	chang	change		Room/suite	E Telephor		
	+	-					206 2200
	+	return	1200 18TH ST NW City or town, state or province, country, and ZIP or foreign postal code	4	00	(202)	986-2200
	Termi Amen						
	returr	n	WASHINGTON, DC 20036		G Gross re		7,870,044.
	Applio pendi		F Name and address of principal officer: LUIS GUARDIA		H(a) Is this a subordir		n for Yes X No
			1200 18TH ST NW, 400, WASHINGTON, DC 20036		H(b) Are all s	ubordinates inc	luded? Yes No
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No,"	attach a list.	(see instructions)
J	Websi	te: 🕨	WWW.FRAC.ORG		H(c) Group e	exemption nu	mber 🕨
κ	Form of	of organ	nization: X Corporation Trust Association Other ►	L Year of fo	ormation: 1972	M State of	of legal domicile: NY
P	art I	Su	mmary				
	1	Briefly	/ describe the organization's mission or most significant activities: TO IMP	ROVE THE	E NUTRITIO	N, HEA	LTH, AND
ø			L-BEING OF PEOPLE STRUGGLING AGAINST POVERTY-RE				′
anc			UNITED STATES.				
ern	2		\langle this box \blacktriangleright if the organization discontinued its operations or disposed		25% of its not as		
Governance	3						10
.∞ ∞	-	Numb	er of voting members of the governing body (Part VI, line 1a)			. 4	18
es	4		er of independent voting members of the governing body (Part VI, line 1b)				17
Activities &	5		number of individuals employed in calendar year 2022 (Part V, line 2a)				58
vcti	6	Total	number of volunteers (estimate if necessary)			. 6	26
٩			unrelated business revenue from Part VIII, column (C), line 12				
	b	Net ur	nrelated business taxable income from Form 990-T, line 34	<u></u>			
					Prior Year		Current Year
e	8	Contri	ibutions and grants (Part VIII, line 1h)		12,447,	852.	4,793,525.
nue	9	Progra	am service revenue (Part VIII, line 2g) PUBLIC INS PUBLIC INS	FOR	551	,550.	575,775.
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION	10	,290.	-39,948.
ĸ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,591.	-160,820.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,011,		5,168,532.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		4,983		1,435,544.
	14		its paid to or for members (Part IX, column (A), line 4)		1,200	NONE	NONE
	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,218		6,124,077.
Expenses	160				5,210,	NONE	
oen	104		ssional fundraising fees (Part IX, column (A), line 11e)			NONE	NONE
Ĕ	D		fundraising expenses (Part IX, column (D), line 25) ►620,972.		0.000	P11	1 001 025
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,086		1,981,835.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	12,288,		9,541,456.
- 0	19	Rever	nue less expenses. Subtract line 18 from line 12			,613.	-4,372,924.
Net Assets or Fund Balances				E	Beginning of Curre		End of Year
sset	20	Total a	assets (Part X, line 16)		11,081,	726.	7,133,214.
d B B	21	Total	liabilities (Part X, line 26)		1,709,	458.	2,351,832.
SP	22	Net as	ssets or fund balances. Subtract line 21 from line 20		9,372,	268.	4,781,382.
Pa	ırt II	Sig	gnature Block				
Un	der per	nalties c	of perjury, I declare that have examined this return, including accompanying schedule	s and stateme	nts, and to the be	st of my k	nowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than dicer) is based on all information of which	n preparer has a	any knowledge.		
			A MM A MARALINA		1	1/15/2	023
Sig			Signature of officer		Date		
He	re	LNTS	S GUARDIA PRESIDE	יזאי			
			Type or print name and title				
			Type preparer's name Preparer's charge	Date	Charle	if P	TIN
Paic	ł				2023 Self-em	"	
Pre	parer	AAR		11/15/	2025		201333816
Use	Only		sname FORVIS, LLP		Firm's EIN		1-0160260
			address 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036		Phone no.	21	2-867-4000
Мау	the I	RS dis	cuss this return with the preparer shown above? (see instructions)		<u></u>		X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 990 (2022)

Fo	rm 990 (2022)	Page 2
P	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:	
	WE IMPROVE THE NUTRITION, HEALTH, AND WELL-BEING OF PEOPLE STRUGGLING	
	AGAINST POVERTY-RELATED HUNGER IN THE UNITED STATES THROUGH ADVOCACY,	
	PARTNERSHIPS, AND BY ADVANCING BOLD AND EQUITABLE POLICY SOLUTIONS.	
_		
2		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.

a (Code:) (Expenses \$	1,611,334. including grants of \$	624,144.) (Revenue \$	285,970.)
CHILD N	UTRITION: FRAC S	EEKS TO REDUCE CHILDHOOD HU	NGER, IMPROVE	
NUTRITI	ON, IMPROVE FOOD	SECURITY AND ECONOMIC SECU	RITY, IMPROVE	
HEALTH	AND SCHOOL ACHIE	VEMENT, AND USE CHILD NUTRI	TION PROGRAMS TO	
SUPPORT	SERVICES FOR SC	HOOL-AGED CHILDREN IN COMMU	NITIES ACROSS	
THE COU	NTRY. FRAC WORKS	WITH LOCAL, STATE, NATIONA	L GROUPS AND	
PUBLIC	AGENCIES TO ASSU	RE THAT AS MANY ELIGIBLE CH	ILDREN AS	
POSSIBL	E ARE ENROLLED I	N PROGRAMS SUCH AS SCHOOL E	REAKFAST, SCHOOL	
LUNCH,	THE SUMMER FOOD	PROGRAM AND AFTER SCHOOL NU	TRITION	
PROGRAM	S, AND THAT THE	FOOD SERVED IS AS NUTRITIOU	S AS POSSIBLE.	
FRAC PR	OVIDES RESEARCH,	PUBLIC POLICY ADVOCACY, AN	ALYSIS,	
TRAININ	G, TECHNICAL ASS	ISTANCE, MATERIALS AND REGR	ANTING.	

4b	(Code:) (Expenses \$	1,415,584. including g	rants of \$	670,000.) (Revenue \$	289,805.)	
	SNAP	FORMERLY KNOWN AS	FOOD STAMPS): FRA	AC WORKS WIT	TH NATION	NAL,		
	STATE	, AND LOCAL GROUPS	TO PROTECT AND IM	IPROVE SNAP	(FORMERI	LY FOOD		
	STAMP	S) BENEFITS FOR PEO	OPLE WITH LOW INCC	MES. THROUG	GH RESEAR	RCH,		
	PUBLI	C POLICY ADVOCACY,	TRAINING, TECHNIC	CAL ASSISTAN	NCE, REGE	RANTING		
	AND D	ISSEMINATION OF INF	FORMATION, ANALYSI	IS, AND DESC	CRIPTIONS	5 OF		
	MODEL	APPROACHES, FRAC	ASSISTS IN GETTING	G SNAP TO EI	LIGIBLE			
	FAMIL	IES WITH CHILDREN,	IMMIGRANTS, OLDER	R ADULTS, UN	JEMPLOYEI)		
	PERSO	IS AND OTHER PEOPLE	E STRUGGLING TO MA	AKE ENDS MEE	ET.			

 4c (Code:
) (Expenses \$ 764,632. including grants of \$ 127,400.) (Revenue \$ NONE)

 EARLY CHILDHOOD NUTRITION: THROUGH RESEARCH, PUBLIC POLICY

 ADVOCACY TECHNICAL ASSISTANCE, TRAINING AND DISTRIBUTION OF

 MATERIALS TO LOCAL, STATE AND NATIONAL ORGANIZATIONS, FRAC WORKS

 TO REDUCE HUNGER, IMPROVE NUTRITION AND THEREBY IMPROVE THE FOOD

 SECURITY, ECONOMIC SECURITY, HEALTH, DEVELOPMENT, SCHOOL READINESS

 AND WELL-BEING OF INFANTS AND PRESCHOOLERS.

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

 (Expenses \$ 3,986,970.
 including grants of \$ 14,000.
) (Revenue \$

-	990 (2022)		F	Page 3
Part	IV Checklist of Required Schedules		N	N-
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	Х	
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		Х
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	Х	
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		Х
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	6		v
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
-	complete Schedule D, Part III	8		х
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		Х
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,			
а	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
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		х
С	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		Х
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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	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		Х
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	Х	
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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
ס 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

JSA 2E1021 1.000

Done	4
aue	-

Form 9	90 (2022)		F	Page 4
Part	V 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	
24 a	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	0.4		37
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		
Ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
	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		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u>X</u>
34	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
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		Х
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		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 50			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	0000	
JSA 2E1030	2.000	Form	990	(2022)

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FOOD RESEARCH AND ACTION CENTER

Form	990 (2022)		F	Page 5
Par	t 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 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
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).			
а	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	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 7h		
_	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	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

-			_	
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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
<u>Cast</u>				Х
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year $1a$		103	
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
2	any other officer, director, trustee, or key employee?	-		- 21
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>.</i>	one or more members of the governing body?	7a		х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01-		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	Δ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
12	describe on Schedule O how this was done	13	X	
13 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			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> , NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Г (sec	tion 5	01(c)
4-	X Own website Another's website X Upon request Other (explain on Schedule O)			. P
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	r intei	est p	olicy,
20	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 record JALAL VARDAG 1200 18TH ST NW, SUITE 400 WASHINGTON, DC 20036	5		
	202-986-2200	Form	990	(2022)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Institutional trustee or director		(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				
						<u> </u>				
(1) LUIS GUARDIA	40.00									
PRESIDENT	5.00	Х		Х				280,256.	NONE	61,530.
(2) ELLEN SUSAN TELLER	40.00									
CHIEF GOVT AFFAIRS OFFICER	NONE					X		192,990.	NONE	52,573.
(3) ELLEN M. VOLLINGER	40.00									
SNAP DIRECTOR	NONE					X		207,452.	NONE	25,601.
(4) COLLEEN BARTON	40.00									
DIRECTOR OF COMMUNICATIONS	NONE					X		181,190.	NONE	38,777.
(5) BARBARA WESTERN	40.00									
CHIEF OPERATING OFFICER	NONE				X			169,922.	NONE	47,163.
(6) CRYSTAL FITZSIMONS	40.00									
DIR. SCHOOL & OUT-OF-SCHOOL	NONE					X		168,998.	NONE	10,248.
(7) DARIN ALLEN	40.00									
DIRECTOR OF DEVELOPMENT	NONE					X		166,317.	NONE	4,221.
(8) JUDITH H. WHITTLESEY	2.00									
CHAIR	1.00	Х		Х				NONE	NONE	NONE
(9) RONALD F. POLLACK	1.00	-								
SECRETARY/TREASURER	NONE	Х		Х				NONE	NONE	NONE
(10) KELLIE ADESINA	0.50	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) MAYRA E. ALVAREZ	0.50	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) SHERRY BRENNAN	0.50	-								
DIRECTOR	1.00	Х						NONE	NONE	NONE
(13) ELLEN BUCHMAN	0.50									
DIRECTOR	1.00	X						NONE	NONE	NONE
(14) DAVE CARLIN	0.50	-								
DIRECTOR	NONE	X						NONE	NONE	
										Form 990 (2022)

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FOOD RESEARCH AND ACTION CENTER

Form	990	(2022)
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Part VII Section A. Officers, Directors, Tr		<u>y =</u>	-pio	yc	,		ng		ed Employees (co	minue	<i>-u)</i>	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org an	(F) stimated nount o other pensati om the anization d related anization	f on n d
	0.50		ee			sated						
5) NANCY DALTON	0.50	37						NONT	NONT			NT ~ 7
DIRECTOR	NONE	X						NONE	NONE			NOI
6) JEFF DAVIDOFF	0.50											
DIRECTOR	NONE	X						NONE	NONE			NOI
7) KOFI ESSEL	$-\frac{0.50}{1.00}$	37										
DIRECTOR	1.00	X						NONE	NONE			NOI
8) MOLLY FOGARTY	0.50							NONT	NONT			NT ~ 7
DIRECTOR	NONE	X						NONE	NONE			NOI
.9) JOHN GIBSON DIRECTOR	0.50_ NONE	x						NONE	NONE			
20) DAN GLICKMAN	0.50	Λ						NONE	NONE			NOI
DIRECTOR	NONE	x						NONE	NONE			NO
21) BETH JOHNSON	0.50							NONE	NONE			1101
DIRECTOR	NONE	x						NONE	NONE			NOI
22) MATTHEW E. MELMED	0.50	Λ						INOME	NONE			
DIRECTOR	1.00	x						NONE	NONE			NOI
23) ERIC RODRIGUEZ	0.50											
DIRECTOR	NONE	x						NONE	NONE			NOI
24) DIANE WHITMORE SCHANZENBACH	0.50											
DIRECTOR	NONE	х						NONE	NONE			NOI
lh Sub total								1,367,125.	NONE		240,	11
b Sub-total c Total from continuation sheets to Part VII, S	Soction A		• • •	• •	• •		5	NONE				NO
d Total (add lines 1b and 1c)							5	1,367,125.	NONE		240,	
 Total number of individuals (including but not reportable compensation from the organization) 	limited to t				bov		o re					<u> </u>
B Did the organization list any former offic										2	Yes	N
employee on line 1a? If "Yes," complete Sched										3		
For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15	50,0	00?	p If	"Yes	s," (complete Schedu		4	X	
									n or individual	-		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "y										5		
Section B. Independent Contractors		10 007	ieuu	iie J	, 101	SUCH	per	3011		J	L	
Complete this table for your five highest con compensation from the organization. Report of												

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received NONE	

Form 990 (2022)

Part

FOOD RESEARCH AND ACTION CENTER

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VIII	Statement	of Re	venue
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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
ູ່. ດີ	1a	Federated campaigns	1a	9,117.				
ant	b	Membership dues	1b					
Ω Ω				348,000.				
Å,	C L	Fundraising events	10	540,000.				
Gifi ilar	d	Related organizations	1d	1 250 420				
i,s	e	Government grants (contributions) .	1e	1,359,428.				
r si	t	All other contributions, gifts, grants,		2 056 000				
the		and similar amounts not included above	1f	3,076,980.				
ŌŢ	g	Noncash contributions included in		•				
Contributions, Gifts, Grants, and Other Similar Amounts					4 502 505			
0.0	h	Total. Add lines 1a-1f			4,793,525.			
đ				Business Code				
<u>vic</u>	2a	CONFERENCE FEES		624200	285,970.	285,970.		
Ser	b	CONTRACTS		624200	289,805.	289,805.		
Program Service Revenue	С							
gra	d							
õ	е							
σ.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			575,775.			
	3	Investment income (including divi	-					
		other similar amounts)			52.			52.
	4	Income from investment of tax-exem		•	NONE			
	5	Royalties			NONE			
		(i) R	eai	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NONE					
	d				NONE			
	7a	Gross amount from (i) Sec	urities	(ii) Other				
		sales of assets						
		other than inventory 7a 2,4	82,748.					
ne	b	Less: cost or other basis						
Revenue			22,748.					
Re	С		40,000.					
er	d	Net gain or (loss)	•	• • • • • • •	-40,000.			-40,000.
oth	8a	Gross income from fundraisin	~					
0		events (not including \$348,000	<u>-</u>					
		of contributions reported on lin	e					
		1c). See Part IV, line 18	<u>8a</u>	13,808.				
	b	Less: direct expenses		178,764.				
	С	Net income or (loss) from fundraising	events		-164,956.			-164,956.
	9a	Gross income from gamin						
		activities. See Part IV, line 19		NONE				
	b	Less: direct expenses		NONE				
	С	Net income or (loss) from gaming ac	tivities.		NONE			
	10a	Gross sales of inventory, les						
		returns and allowances		NONE				
	b	Less: cost of goods sold	<u> 10b</u>	NONE				
	С	Net income or (loss) from sales of inve	ntory.	1	NONE			
sn				Business Code				
Miscellaneous Revenue	11a	OTHER INCOME		900099	4,136.			4,136.
'llar /en	b							
Rey	С							
Mis	d	All other revenue		L				
	-	Total. Add lines 11a-11d			4,136.			
	12	Total revenue. See instructions			5,168,532.	575,775.		-200,768.

Part IX Statement of Functional Expenses

FOOD RESEARCH AND ACTION CENTER

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 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	1,435,544.	1,435,544.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE						
2	Grants and other assistance to foreign							
3	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE						
	Compensation of current officers, directors,							
-	trustees, and key employees	558,871.	437,323.	78,734.	42,814			
6	Compensation not included above to disgualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	4,422,903.	3,460,976.	623,100.	338,827			
	Pension plan accruals and contributions (include	176,114.	137,811.	24,811.	13,492			
	section 401(k) and 403(b) employer contributions)							
9		598,948.	468,684.	84,380.	45,884			
10		367,241.	287,371.	51,737.	28,133			
	Fees for services (nonemployees):							
	a Management	NONE						
	> Legal	13,993.	10,950.	1,971.	1,072			
	Accounting	22,165.	17,344.	3,123.	1,698			
	Lobbying	175,698.	137,486.	24,752.	13,460			
	Professional fundraising services. See Part IV, line 17	NONE	·		· · · ·			
	f Investment management fees	NONE						
	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.)	572,010.	447,605.	80,585.	43,820			
12	Advertising and promotion	NONE						
13	Office expenses	59,114.	46,258.	8,329.	4,527			
14	Information technology	240,149.	187,920.	33,832.	18,397			
15	Royalties	NONE						
16	Occupancy	406,523.	318,109.	57,271.	31,143			
17	Travel	69,280.	54,213.	9,760.	5,307			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	280,353.	219,380.	39,496.	21,477			
20	Interest	NONE						
21	Payments to affiliates	NONE						
22	Depreciation, depletion, and amortization	100,459.	78,610.	14,153.	7,696			
23	Insurance	19,838.	15,523.	2,795.	1,520			
24								
	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	MISCELLANEOUS	21,220.	16,605.	2,989.	1,626			
	FILING FEES	1,033.	808.	146.	79			
c								
	All other expenses							
	Total functional expenses. Add lines 1 through 24e	9,541,456.	7,778,520.	1,141,964.	620,972			
	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	,	,					

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following SOP 98-2 (ASC 958-720)

Form 990 (2022)

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	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	4,052,673.	1	833,530
2	Savings and temporary cash investments.	2,256,814.	2	NON
3	Pledges and grants receivable, net	2,720,879.	3	1,101,856
4	Accounts receivable, net	281,182.	4	874,007
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	NONE	5	NON
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).	NONE	6	NON
7 st	Notes and loans receivable, net	NONE	7	NON
Assets 0 8 2	Inventories for sale or use	NONE		NON
⋖ 9	Prepaid expenses and deferred charges	90,909.	9	95,123
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 578,975.			
b	Less: accumulated depreciation	332,169.	10c	269,703
11	Investments - publicly traded securities	1,347,100.	11	2,632,194
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11.	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	1,326,801
16	Total assets. Add lines 1 through 15 (must equal line 33)	11,081,726.	16	7,133,214
17	Accounts payable and accrued expenses	1,096,422.	17	1,203,683
18	Grants payable	NONE	18	NON
19	Deferred revenue	90,000.	19	65,000
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
န္မ 22	Loans and other payables to any current or former officer, director,			
Ē	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
┘ 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	523,036.		1,083,149
26	Total liabilities. Add lines 17 through 25	1,709,458.	26	2,351,832
Ces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	5,465,206.	27	3,331,002
m ² 28	Net assets with donor restrictions	3,907,062.	28	1,450,380
Net Assets or Fund Balances	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 sets	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	9,372,268.	32	4,781,382
z 33	Total liabilities and net assets/fund balances	11,081,726.	33	7,133,214
		II, UUI, /20.	55	Form 990 (2022

FOOD RESEARCH AND ACTION CENTER

Form 99	90 (2022)				Pa	ge 12
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	5	,16	58,	<u>532</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		-		456
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>924</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				268
5	Net unrealized gains (losses) on investments	5		-21	L7,	<u>962</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	,78	31,	<u>382</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	1		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	n			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or 📔			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		• –	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain o	n			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		• –	la		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	. 3	b		

Form 990 (2022)

SCHEDULE	A
(Form 990)	

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.

OMB No. 1545-0047

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

								inspection			
Name of the organization							Employer identif	ication number			
FOC	DD 1	RESEARCH AND ACTION						200739			
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	ns.			
The	orga	anization is not a private fou			-		,				
1		A church, convention of ch					70(b)(1)(A)(i).				
2		A school described in sect									
3		A hospital or a cooperative		-							
4		A medical research organi		conjunction with a hos	spital de	scribed ir	n 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 go	•			•					
7	X	An organization that norm	-	-	pport fr	om a go	vernmental unit or fr	om the general public			
		described in section 170(b									
8		A community trust describe	-								
9		An agricultural research or	-			-					
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state c	of the college or			
		university:		1 00 01 11 11		,					
10		An organization that norma receipts from activities rela	ally receives (1) mc ated to its exempt f	ore than 331/3 % of its unctions, subject to c	support ertain ex	trom cor	and (2) no more that	n 331/3 % of its			
		support from gross investn	nent income and u	nrelated business tax	able inco	omė (less	s section 511 tax) from	1 businesses			
		acquired by the organization					,				
11 12	\square	An organization organized		•				un aut the numerood of			
12		An organization organized	-	-	-						
		one or more publicly support the box on lines 12a through	-			-					
			-					-			
а		Type I. A supporting org			-						
		the supported organization				ajority of	the directors of truste	es of the			
h		supporting organization.				with ito	our ported or gonizet	ion(a) by boying			
b		Type II. A supporting org control or management of	· ·								
		_ organization(s). You mus		-	the sam	e persor	is that control of mai	lage the supported			
~	Г	Type III functionally inte			tod in a	onnoctio	n with and functions	lly integrated with			
С		_ its supported organization						iny integrated with,			
d		Type III non-functionally						rtod organization(c)			
u		that is not functionally int			-						
		_ requirement (see instruct			-			u an allentiveness			
е	Γ	Check this box if the orga		-				II Type III			
Ŭ		functionally integrated, or						n, type n			
f	En	ter the number of supported									
g		ovide the following informati	-								
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing	support (see	other support (see			
				above (see instructions))	Yes	ment? No	instructions)	instructions)			
<i></i>											
(A)											
(D)											
(B)											
(C)											
(0)											
(D)											
			1		1	1 1		1			

(E)

Total

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,696,509.	8,834,424.	17,799,465.	12,447,852.	4,793,525.	50,571,775.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	6,696,509.	8,834,424.	17,799,465.	12,447,852.	4,793,525.	50,571,775.
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)						28,584,813.
6	Public support. Subtract line 5 from line 4						21,986,962.
	tion B. Total Support	() 0040	(1) 0040	() 0000	(1) 0004	() 0000	
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,696,509. 1,459.	8,834,424.	17,799,465. 881.	12,447,852.	4,793,525.	50,571,775.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE		992.	148,245.	1,591.	4,136.	154,964.
11	Total support. Add lines 7 through 10						50,740,792.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,923,101.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp	port Percenta	ge			I	
14	Public support percentage for 2022 (lin	ne 6, column (f)), divided by line	11, column (f))		14	43.33 %
15	Public support percentage from 2021 \$					15	39.91 %
16a	331/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu			-			
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•			
	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-	
	-			•	•		
18	organization. Private foundation. If the organization						
10	•						
	instructions						<u>•••••</u>

Schedule A (Form 990) 2022

Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
<u>د</u>	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.						
40							
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	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2022 (li	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2022. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation
b	331/3% support tests - 2021. If the org	anization did not	t 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 331/3%, check	this box and s	t op here. The or	ganization qualifi	es as a publicly	supported organ	ization
20	Private foundation. If the organization	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions _
JSA 2E122	1 1.000					Schedule	A (Form 990) 2022

(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

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

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1

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No

	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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>
--	---

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

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	v		
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	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).								
а	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.								
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).								
2 Activities Test. Answer lines 2a and 2b below.									

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior 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 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 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

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

5

Schedule A (Form 990) 2022

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

5 Income tax imposed in prior year

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
 	Excess from 2018				
	Excess from 2019				
 d	Excess from 2020				
e	Excess from 2022				
e					

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME		992.	148,245.	1,591.	4,136.	154,964.
TOTALS		992.	148,245.	1,591.	4,136.	154,964.

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

FOOD RESEARCH AND ACTI	TOOD RESEARCH AND ACTION CENTER 23-7200739				
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 four	ndation			
	527 political organization				
Form 990-PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion			
	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

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).

	FOOD RESEARCH AND ACTION CENTER		23-7200739
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$727,002.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$307,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$234,238.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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Schedule B (Form 990) (2022)

Name of organization

FOOD RESEARCH AND ACTION CENTER 23-7200739 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Х N/A Person Payroll \$ 175,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Х N/A Person Payroll 175,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 N/A Person Х Payroll 741,240. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х N/A Person Payroll 185,797. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 11 Х N/A Person Payroll 198,153. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

JSA 2E1253 1.000

Schedule B (Form 990) (2022)

Name of organization

Schedule B (Form 990) (2022)

	(Form 990) (2022)		Page
Name of o	rganization		lentification number
	FOOD RESEARCH AND ACTION CENTER		-7200739
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			1

Page 3

JSA 2E1254 1.000

	(Form 990) (2022)			Page 4				
Name of or	rganization			Employer identification number				
	FOOD RESEARCH AND ACT			23-7200739				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this ir	one contributor. C t III, enter the total of formation once. Se	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip 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				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip 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) Transf	er of gift					
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee				

	e of organization			Employer ide	ntification number		
FOO	D RESEARCH AND ACTIO				200739		
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.		
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for						
	definition of "political campaign activities."						
2							
	Volunteer hours for political	campaign activities. See instructio	ns				
Par		organization is exempt under					
1	Enter the amount of any exc	cise tax incurred by the organizatio	on under section 495	55\$			
2		cise tax incurred by organization m					
3		a section 4955 tax, did it file Form					
					Yes No		
	If "Yes," describe in Part IV.				N		
Par		organization is exempt under).		
1	•	xpended by the filing organization		•			
_							
2		ng organization's funds contributed					
		es					
3		enditures. Add lines 1 and 2. Ent					
4		o Form 1120-DOL for this year?			Yes No		
4 Did the filing organization file Form 1120-POL for this year?							
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to v organization made payments. For each organization listed, enter the amount paid from the filing organization's fur						
5							
5	organization made payment the amount of political cont	s. For each organization listed, er tributions received that were prom	nter the amount pain nptly and directly de	d from the filing organiz elivered to a separate po	ation's funds. Also enter ditical organization, such		
5	organization made payment the amount of political cont	s. For each organization listed, er	nter the amount pain nptly and directly de	d from the filing organiz elivered to a separate po	ation's funds. Also enter ditical organization, such		
5	organization made payment the amount of political cont	s. For each organization listed, er tributions received that were prom	nter the amount pain nptly and directly de	d from the filing organiz elivered to a separate po	ation's funds. Also enter ditical organization, such		
5	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	ation's funds. Also enter blitical organization, such nformation in Part IV. (e) Amount of political contributions received and		
5	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from	ation's funds. Also enter blitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly		
5	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	ation's funds. Also enter blitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate		
5	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	ation's funds. Also enter blitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly		
	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
1)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
(1)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
1) 2)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
1) 2)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
(1) (2) (3)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
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1) 2) 3) 4)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
1) 2) 3) 4) 5)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
5 (1) (2) (3) (4) (5) (6)	organization made payment the amount of political cont as a separate segregated fur	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount painptly and directly de PAC). If additional sp	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
(1) (2) (3) (4) (5) (6)	organization made payment the amount of political cont as a separate segregated fur (a) Name	s. For each organization listed, er tributions received that were prom nd or a political action committee (nter the amount pai and directly de PAC). If additional s (c) EIN	d from the filing organiz elivered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	cation's funds. Also enter olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

SCHEDULE C

Department of the Treasury

(Form 990)

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

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

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

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

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

JSA 2E1264 1.000 2862VA V01B 11/15/2023 14:46:45 V22-7.7F 1231162



OMB No. 1545-0047



Sch	hedule C (Form 990) 2022 FOOD R	ESEARCH AND ACTION CENTER	23-	-7200739 P	'age 2
Ра	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under	
Α		longs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group meml	per's name, add	lress,
В	Check if the filing organization ch	ecked box A and "limited control" provisions ap	oly.		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	67,423.		
k	b Total lobbying expenditures to influence	a legislative body (direct lobbying)	108,275.		
c	c Total lobbying expenditures (add lines 1	a and 1b)	175,698.		
c	d Other exempt purpose expenditures		9,383,789.		
e	e Total exempt purpose expenditures (ad	d lines 1c and 1d)	9,559,487.		
f	i Lobbying nontaxable amount. Enter th	e amount from the following table in both			
	_columns.		627,974.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
ç	g Grassroots nontaxable amount (enter 2	5% of line 1f)	156,994.		
ŀ	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-			
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-			
j		on either line 1h or line 1i, did the organiza			,
	reporting section 4911 tax for this year?			Yes X	No

4-Year Averaging Period Under Section 501(h)

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

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

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount	628,851.	863,523.	764,433.	627,974.	2,884,781.
b	Lobbying ceiling amount (150% of line 2a, column (e))					4,327,172.
с	Total lobbying expenditures	319,814.	341,415.	760,092.	175,698.	1,597,019.
d	Grassroots nontaxable amount	157,213.	215,881.	191,108.	156,994.	721,196.
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,081,794.
f	Grassroots lobbying expenditures	116,873.	147,753.	178,609.	67,423.	510,658.

Schedule C (Form 990) 2022

JSA

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

For	and "Van" reasons on lines to through the below provide in Port IV a datailed	(8	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			
f g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b c d	If "Yes," enter the amount of any tax incurred under section 4912			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2		2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

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

 1
 Dues accomments and similar encounts from members

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

Part IV Supplemental Information

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

SCHEE	DULE D
(Form	990)

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

2

OMB No. 1545-0047

	artment of the Treasury	Go to www.irs.gov/	Form990 for instructions		rmation	Inspection						
	rnal Revenue Service e of the organization					entification number						
	-	ND ACTION CENTER				7200739						
		tions Maintaining Donor Adv	ised Funds or Other	Similar Funds		200735						
1 6		e if the organization answered										
			(a) Donor advis		(b) Fur	nds and other accounts						
1	Total number at e	nd of year										
2		of contributions to (during year)										
3		of grants from (during year)										
4		at end of year										
5		ion inform all donors and donor		at the assets he	ld in donor ad	vised						
Ũ	•	inization's property, subject to the	•									
6												
Ū	-	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										
		nissible private benefit?										
Pa		tion Easements.										
		e if the organization answered	"Yes" on Form 990,	Part IV, line 7.								
1	Purpose(s) of con	servation easements held by the	organization (check all	that apply).								
	Preservatio	n of land for public use (for example	, recreation or education)	Preservatio	on of a historica	ally important land area						
	Protection of	of natural habitat				historic structure						
	Preservatio	n of open space										
2		through 2d if the organization h	eld a qualified conserva	ation contribution	n in the form of	a conservation						
		last day of the tax year.				at the End of the Tax Year						
а	Total number of c	onservation easements			2a							
b		tricted by conservation easements										
С	-	vation easements on a certified										
d	Number of conser	vation easements included in (c)	acquired after July 25	, 2006, and not o	n							
	a historic structure	e listed in the National Register			2d							
3		rvation easements modified, tra				e organization during the						
	tax year											
4	Number of states	where property subject to conse	rvation easement is loca	ated								
5	Does the organiz	ation have a written policy reg	garding the periodic n	nonitoring, inspe	ection, handling	g of						
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No						
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viola	tions, and enforci	ng conservation	easements during the year						
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violatio	ns, and enforcing	g conservation e	asements during the year						
8		vation easement reported on line :	•	•		(B)(i)						
)(4)(B)(ii)?				Ves 🗆 No						
9		cribe how the organization re										
		nd include, if applicable, the tex		e organization's	financial state	ments that describes the						
D		ounting for conservation easeme			han Cimilan As							
Pa		tions Maintaining Collections e if the organization answered			ner Similar As	sets.						
	· · · ·											
1a	of art. historical t	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exh	ibition. educatio	n. or research	and balance sheet works in furtherance of public						
b	If the organization	n elected, as permitted under F	ASB ASC 958, to repo	ort in its revenue	e statement and	d balance sheet works of						
	art, historical treas	sures, or other similar assets he	ld for public exhibition	, education, or r	esearch in furth	nerance of public service,						
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1											
_		d in Form 990, Part X										
2	•	n received or held works of a			ar assets for fi	nancial gain, provide the						
~	0	s required to be reported under F	ASB ASC 958 relating	to these items:		¢						
а						.1						

а	Revenue included on Form 990, Part VIII, line 1.
b	Assets included in Form 990, Part X

\$

		D RESEARCH A				<u> </u>	23-72		Page 2
	rt III Organizations Maintaini	-							
3	Using the organization's acquisitio collection items (check all that appl		l other recor	-	-	-	make signif	icant us	se of its
а	Public exhibition		d	Loan or e					
b	Scholarly research		e	Other					
С	Preservation for future gener	rations							
4	Provide a description of the organ XIII.	nization's collectio	ns and expla	ain how they	further	the organizatio	n's exempt	ourpose	in Part
5	During the year, did the organizatio	on solicit or receive	e donations c	f art, historica	al treasu	res, or other sim	ilar		
	assets to be sold to raise funds rath	er than to be mair	ntained as pa	rt of the orga	nization	's collection?	[Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		Yes" on For	m 990, Part	IV, line	9, or reported	an amount	on For	m
10	Is the organization an agent, trust	too quetodion or	othor intorr	odiany for o	ontributi	and or other or	coto not		
Ia				-				Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement in	- Dort VIII and aar	n n lata tha fa	louing toblo	• • • • •	• • • • • • • • •	• • • • ∟	res	
D	in res, explain the arrangement in	n Part XIII and cor	npiete the lo	lowing table:			A		
_							Amount		
	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check	here if the e	xplanation has	s been pi	ovided on Part X			
Pa	rt V Endowment Funds.				N/ line	10			
	Complete if the organiza								
	-	(a) Current year	(b) Pric	r year (C) Two year	's back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current vea	r end balanc	e (line 1a. colu	umn (a))	held as:			
а	Board designated or quasi-endowm		%		()/				
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, a	and 2c should equa	al 100%.						
3a	Are there endowment funds not in t	the possession of	the organiza	tion that are	held and	d administered fo	or the		
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations lis	ted as require	ed on Schedul	le R?			3b	
4	Describe in Part XIII the intended u	ises of the organiz	zation's endo	wment funds.					
Ра	rt VI Land, Buildings, and Equ Complete if the organization	lipment.			: IV, line	e 11a. See Forr			
	Description of property		or other basis estment)	(b) Cost or oth (other)	er basis	(c) Accumulated depreciation	(d)	Book valu	е
1a	Land		ootmonty			depreciation			
b	Buildings								
c	Leasehold improvements			<u>4</u> 41	,537.	177,975		263	,562.
d	Equipment				,510.	124,310			,200.
u A					,928.	6,987			, <u>200.</u> ,941.
Tota	Other Add lines 1a through 1e. (Column		nm 901 Part			· · ·			,941. ,703.
1010		(a) musi eyuai Fu	nin 530, Fail	л, общини (В)	,	C.)		209	,103.

Schedule D (Form 990) 2022

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)DEPOSITS	36,641.
(2)DUE TO/FROM RELATED	306,380.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,326,801.

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)SHORT TERM LEASE LIABILITY		356,933.
(3)LONG TERM LEASE LIABILITY		726,216.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tatal (Oak man (k) manal Farma 000 Dan() (aak		1 0 0 2 1 4 0

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,083,149.

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 . JSA 2E1270 1.000

Schedu	le D (Form 990) 2022 FOOD RESEARCH AND ACTION CENTER	23-7200739	Page 4
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.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part	XIII Supplemental Information.	I	

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.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE G	Supplemental	OMB No. 1545-0047								
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2022			
Department of the Treasury		Open to Public								
Internal Revenue Service	Go	to www.irs.gov/Form9	90 for instru	ictions and t	he latest information.	Enveloper identificant	Inspection			
Name of the organization						Employer identificati				
FOOD RESEARCH A	ng Activities. Comp		zation or	worod "	Voc" on Form 00	23-72007				
	-EZ filers are not re	-				90, Part IV, line	17.			
		•			activities Check	all that apply				
	Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants									
b Internet and email solicitations f Solicitation of government grants										
c Phone solic	itations	g			ising events					
d 📃 In-person s										
or key employee b If "Yes," list the	ation have a written o es listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be			
(i) Name and add or entity (fu		(ii) Activity	custody of	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total										
3 List all states in registration or lic	which the organizat censing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	I it is exempt from			

FOOD RESEARCH AND ACTION CENTER

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

		gross receipts greater than \$5,00	0.			
			(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	361,808.			361,808.
R	2	Less: Contributions Gross income (line 1 minus	348,000.			348,000.
		line 2)	13,808.			13,808.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	25,000.			25,000.
it Exp	7	Food and beverages	78,000.			78,000.
Direc	8	Entertainment	13,500.			13,500.
	9	Other direct expenses	62,264.			62,264.
	10	Direct expense summary. Add lir	178,764.			
	11	Direct expense summary. Add lin Net income summary. Subtract l	line 10 from line 3, col	umn (d)		-164,956.
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
kpens	3					
irect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	,	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a k	i I	Enter the state(s) in which the org s the organization licensed to con f "No," explain:		in each of these state	es?	Yes No
	-					
10a k		Were any of the organization's gaming f "Yes," explain:	g licenses revoked, sus	pended, or terminated du	ring the tax year?	Yes No
-		, . , <u></u>				

JSA 2E1282 1.000

Sched	ule G (Form 990 or 990-EZ) 2022 FOOD RESEARCH AND ACTION CENTER 23-7200739 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \blacktriangleright
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I	Grants ar	nd Other	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
			ndividuals i	-	•		൭൫൭൮
		•	wered "Yes" on F				2022
		-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	Go to		Form990 for the la				Inspection
Name of the organization						Employer identif	ication number
FOOD RESEARCH AND ACTION CENTER						23-72007	39
Part I General Information on Grants and	d Assistance	e				20 / 2007	
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistanc dures for mon	e? itoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th		-					"Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc	
(1) PARTNERS FOR A HUNGER FREE OREGON							
712 SE HAWTHORNE BLVD, SUITE 202	20-4970868	501C(3)	185,166.				FEDERAL NUTRITION IN
(2) FEEDING ALABAMA							
2000 VERNON AVE, SW HUNTSVILLE, AL 35805	27-1591801	501C(3)	115,000.				FEDERAL NUTRITION I
(3) FLORIDA IMPACT TO END HUNGER							
300 W. PENSACOLA ST TALLAHASSEE, FL 32301	59-2859151	501C(3)	115,000.				FEDERAL NUTRITION IN
(4) TENNESSEE JUSTICE CENTER							
211 7TH AVE N, STE. 100 NASHVILLE, TN 37219	62-1630417	501C(3)	115,000.				FEDERAL NUTRITION I
(5) SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENT							
P.O. BOX 7187 COLUMBIA, SC 29202	57-1035023	501C(3)	110,000.				FEDERAL NUTRITION I
(6) HAWAII APPLESEED CENTER FOR LAW AND ECONOMI							
733 BISHOP STREET, SUITE 1180	76-0748976	501C(3)	101,266.				FEDERAL NUTRITION I
(7) EVERY TEXAN							
7020 EAST WIND DRIVE, SUITE 200	74-3004568	501C(3)	85,000.				FEDERAL NUTRITION IN
(8) VIRGINIA POVERTY LAW CENTER							
919 EAST MAIN STREET, SUITE 610	54-1093402	501C(3)	75,000.				FEDERAL NUTRITION I
(9) MONTGOMERY COUNTY FOOD COUNCIL							
4825 CORDELL AVENUE SUITE 204	82-4630058	501C(3)	56,000.				FEDERAL NUTRITION I
(10) UNIDOSUS	_						
1126 16TH ST. NW, SUITE 700	86-0212873	501C(3)	52,000.				FEDERAL NUTRITION I
(11) GRETCHEN SWANSON CENTER FOR NUTRITION	_						
14301 FNB PKY STE 100 OMAHA, NE 68154	27-4313546	501C(3)	45,400.				FEDERAL NUTRITION I
(12) HUNGER FREE NEW JERSEY	_						
192 W DEMAREST AVENUE ENGLEWOOD, NJ 07631	22-2189072		35,000.				FEDERAL NUTRITION IN
2 Enter total number of section 501(c)(3) and							37
3 Enter total number of other organizations list	ted in the line	1 table					. 2

Schedule I (Form 990) 2022

SCHEDULE I ((Form 990) Go	-	OMB No. 1545-0047					
Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		-
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	ion number
FOOD RESEARCH AND ACTION CENTER						23-7200739	
Part I General Information on Grants and	d Assistance	9					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistanc lures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	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
(1) END HUNGER CONNECTICUT							
65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501C(3)	30,033.				FEDERAL NUTRITION IM
(2) 2-1-1 HUMBOLDT INFORMATION AND RESOURCE CEN							
PO BOX 6683 EUREKA, CA 95502	46-5092911	501C(3)	15,000.				FEDERAL NUTRITION IM
(3) CALIFORNIA ASSOCIATION OF FOOD BANKS							
P.O. BOX 398025 SAN FRANCISCO, CA 94139	68-0392816	501C(3)	15,000.				FEDERAL NUTRITION IM
(4) CORNERSTONE MISSION PROJECT, INC.							
3049 SYCAMORE AVENUE KINGMAN, AZ 86409	86-0960036	501C(3)	15,000.				FEDERAL NUTRITION IM
(5) HUNGER SOLUTIONS NEW YORK							
14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501C(3)	15,000.				FEDERAL NUTRITION IM
(6) ILLINOIS HUNGER COALITION							
205 WEST MONROE STREET STE 310	37-1251831	501C(3)	15,000.				FEDERAL NUTRITION IM
(7) MASSACHUSETTS LAW REFORM INSTITUTE							
40 COURT ST., SUITE 800 BOSTON, MA 02108	04-6004303	501C(3)	15,000.				FEDERAL NUTRITION IM
(8) PREBLE STREET							
38 PREBLE STREET PORTLAND, ME 04101	01-0418917	501C(3)	15,000.				FEDERAL NUTRITION IM
(9) WESTERN CENTER ON LAW AND POVERTY							
3701 WILSHIRE BLVD. #208	95-2897721	501C(3)	15,000.				FEDERAL NUTRITION IM
(10) THE OPEN DOOR SHELTER, INC.							
4 MERRITT STREET NORWALK, CT 06854	22-2536909	501C(3)	11,116.				FEDERAL NUTRITION IM
(11) BOYS & GIRLS CLUBS OF GREATER SALT LAKE	4						
	07 0204654	501C(3)	10,000.				FEDERAL NUTRITION IM
PO BOX 57071 MURRAY, UT 84157	87-0304034						
PO BOX 57071 MURRAY, UT 84157 (12) FEEDING TEXAS	07-0304034						

SCHEDULE I ((Form 990) Go		OMB No. 1545-0047					
Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		-
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	ion number
FOOD RESEARCH AND ACTION CENTER						23-7200739	
Part I General Information on Grants and	d Assistance	9					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistanc lures for mor omestic Or	e? itoring the use ganizations ar	of grant funds in the	e United States. rernments. Com	plete if the organiz	ation answered "Y	Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	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
(1) KANSAS APPLESEED CENTER							
211 E 8TH ST., STE D LAWRENCE, KS 66044	48-1219759	501C(3)	10,000.				FEDERAL NUTRITION IM
(2) NATOMAS UNIFIED SCHOOL DISTRICT							
1901 ARENA BOULEVARD SACRAMENTO, CA 95834	94-6003346	115	10,000.				FEDERAL NUTRITION IM
(3) NEBRASKA APPLESEED CENTER FOR LAW IN THE PU							
941 O ST, STE 920 LINCOLN, NE 68508	47-0798343	501C(3)	10,000.				FEDERAL NUTRITION IM
(4) ST. VINCENT DE PAUL OF BALTIMORE							
2305 NORTH CHARLES STREET, SUITE 300	52-0597056	501C(3)	8,555.				FEDERAL NUTRITION IM
(5) MUSLIM SOCIAL SERVICES AGENCY							
PO BOX 11821 BALTIMORE, MD 21207	35-2347791	501C(3)	8,250.				FEDERAL NUTRITION IM
(6) BOYS & GIRLS CLUB OF BENTON COUNTY							
2801 NORTHEAST WALKER STREET	71-0713904	501C(3)	8,000.				FEDERAL NUTRITION IM
(7) BOYS & GIRLS CLUBS OF GRAND RAPIDS							
235 STRAIGHT AVENUE NORTHWEST	38-0593958	501C(3)	8,000.				FEDERAL NUTRITION IM
(8) ELIZABETH PUBLIC SCHOOLS							
500 NORTH BROAD STREET ELIZABETH, NJ 07208	22-6001780	115	8,000.				FEDERAL NUTRITION IM
(9) LANCASTER RECREATION COMMISSION							
525 FAIRVIEW AVENUE LANCASTER, PA 17603	23-1352353	501C(3)	8,000.				FEDERAL NUTRITION IM
(10) NY CHAPTER 3 AAP							
PO BOX 1411 SMITHTOWN, NY 11787	18-3653350	501C(3)	8,000.				FEDERAL NUTRITION IM
(11) TEXAS ALLIANCE OF BOYS & GIRLS CLUBS	4						
166 HARGRAVES DRIVE, SUITE C-400-248	20-1493423	501C(3)	8,000.				FEDERAL NUTRITION IM
(12) YMCA OF ROME & FLOYD COUNTY	4						
810 EAST SECOND AVENUE ROME, GA 30161	58-0814549		8,000.				FEDERAL NUTRITION IM
 2 Enter total number of section 501(c)(3) and 3 3 Enter total number of other organizations list 							

SCHEDULE I (Form 990)											
Department of the Treasury				tach to Form 990.				Open to Public			
Internal Revenue Service		Go to	o www.irs.gov/	Form990 for the la	test information.			Inspection			
Name of the organization							Employer identificat	ion number			
FOOD RESEARCH AND ACT	TION CENTER	nd Assistance					23-7200739				
 Does the organiz the selection crit Describe in Part 	zation maintain records to eria used to award the gra IV the organization's proc od Other Assistance to	substantiate th ants or assistanc cedures for mon	e amount of the e? itoring the use	of grant funds in the	e United States.						
								es on Form 990,			
1 (a) Name and	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 noncash assistance							(h) Purpose of grant or assistance			
(1) EMPOWER MISSOURI											
308 EAST HIGH ST., STE	E 100	44-0547548	501C(3)	7,500.				FEDERAL NUTRITION IM			
(2) FOOD BANK OF ALASH	ζA										
2121 SPAR AVE ANCHORAG	GE, AK 99501	92-0073175	501C(3)	7,500.				FEDERAL NUTRITION IM			
(3) OUTCAST FOOD NETWO	DRK										
2620 QUANTICO AVENUE E	BALTIMORE, MD 21215	82-2848271	501C(3)	6,000.				FEDERAL NUTRITION IM			
_(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
	er of section 501(c)(3) an er of other organizations	-	-								

FOOD RESEARCH AND ACTION CENTER

23-7200739

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 non-cash assistance
l .					
1					
,					
art IV Supplemental Information. Provid information.	e the information re	quired in Part I,	line 2, Part III, c	column (b); and any c	ther additional

SCHEDULE I, PART I, LINE 2

FRAC REQUESTS AND RECEIVES A REPORT AT THE END OF THE GRANT PERIOD.

FRAC ALSO WORKS WITH THE GRANTEES ON AN ONGOING BASIS.

SCH	EDULE J	OI	MB No.	1545-0	047		
(Forr	n 990)	For certain Officers, Dire	Association Information ectors, Trustees, Key Employees, and Highest		୬៣	7 7)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury		Attach to Form 990. 90 for instructions and the latest information.	0	pen to		
	Revenue Service of the organization			Employer identification			Π
	•	AND ACTION CENTER		23-720073			
Part		ns Regarding Compensation			-		
						Yes	No
1a			ovided any of the following to or for a pers				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	-			
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy represented above? If "No," con	plete Part III to	1b		
•	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
2	-		D/Executive Director, regarding the items				
					2		
2			on used to establish the compensation of	*ha	-		
3			at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	Comper	Compensation committee Written employment contract					
	Indepen	dent compensation consultant	X Compensation survey or study				
	X Form 99	90 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control page	ayment?		4a		Х
b	-		tal nonqualified retirement plan?		4b		X
С	-		sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each in	em in Part III.			
-	-		rganizations must complete lines 5-9.				
5		n contingent on the revenues of:	ion A, line 1a, did the organization pa	ay of accrue any			
а	The organizat	ion?			5a		X
b					5b		X
		e 5a or 5b, describe in Part III.					
6			ion A, line 1a, did the organization pa	ay or accrue any			
	-	n contingent on the net earnings of:			-		
a					6a		X
b					6b		X
_		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provescribe in Part III		7		
8							
Ū	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
		•			8		x
9			low the rebuttable presumption proced		-		
		.	000		9		

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Page 2

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

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

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

		(B) Breakdown of W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LUIS GUARDIA	(i)	280,256.			17,385.	44,145.	341,786.	
1 PRESIDENT	(ii)							
BARBARA WESTERN	(i)	169,922.			10,687.	36,476.	217,085.	
2 CHIEF OPERATING OFFICER	(ii)							
ELLEN SUSAN TELLER	(i)	192,990.			12,113.	40,460.	245,563.	
3 CHIEF GOVT AFFAIRS OFFICER	(ii)							
DARIN ALLEN	(i)	166,317.			4,221.		170,538.	
4 DIRECTOR OF DEVELOPMENT	(ii)							
ELLEN M. VOLLINGER	(i)	207,452.			12,520.	13,081.	233,053.	
5 SNAP DIRECTOR	(ii)							
COLLEEN BARTON	(i)	181,190.			11,120.	27,657.	219,967.	
6 DIRECTOR OF COMMUNICATIONS	(ii)							
CRYSTAL FITZSIMONS	(i)	168,998.			10,248.		179,246.	
7 DIR. SCHOOL & OUT-OF-SCHOOL	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



 Infernal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

FOOD RESEARCH AND ACTION CENTER

FORM 990, PART VI, LINE 1A

NO MATERIAL DIFFERENCE IN VOTING RIGHTS

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

THE FEDERAL FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY FRAC'S PRESIDENT AND DIRECTOR OF FINANCE & RISK MANAGEMENT. A DRAFT FEDERAL FORM 990 IS THEN SENT TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C

BOARD MEMBERS ARE REQUIRED TO MAKE FULL DISCLOSURE OF ANY ECONOMIC INTEREST THAT THEY HAVE DURING BOARD MEETINGS. THE OTHER MEMBERS OF THE BOARD OF DIRECTORS EVALUATE THE INTEREST AND ACT AS A CHECK AGAINST ANY INAPPROPRIATE IMPACT ON THE BOARD'S DECISION MAKING-PROCESS. IN THE EVENT OF A CONFLICT ARISING, THE AFFECTED DIRECTOR WOULD REFRAIN FROM VOTING ON THE RELATED MATTERS. THE CONFLICT OF INTEREST POLICY ALSO APPLIES TO EMPLOYEES AND EMPLOYEES EVALUATE CONFLICTS ANNUALLY.

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

WHEN DETERMINING THE SALARY OF FRAC'S PRESIDENT, FRAC'S BOARD CHAIR INCLUDES A REVIEW OF TOP MANAGEMENT SALARIES IN LIKE ORGANIZATIONS. THE SALARY DECISION AND DETERMINING FACTORS ARE DOCUMENTED IN WRITING. ONCE COMPLETED, THE CHAIR PROVIDES HR WITH THE DOCUMENTATION FOR IMPLEMENTING THE SALARY INCREASE. THE LAST COMPENSATION REVIEW TOOK PLACE IN 2022.

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

FRAC'S PRESIDENT DETERMINES SALARIES OF SENIOR MANAGEMENT STAFF. HERE TOO, A MARKET REVIEW OF COMPARABILITY DATA IS AMONG THE DETERMINING

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Open to P Inspection

 Name of the organization
 Employer identification number

 FOOD RESEARCH AND ACTION CENTER
 23-7200739

FACTORS. ONCE A DETERMINATION IS MADE, THE PRESIDENT SHARES THIS WITH

HR FOR IMPLEMENTING THE SALARY INCREASE. ALL DOCUMENTATION PERTAINING

TO AN INDIVIDUAL'S SALARY INCREASE IS KEPT IN THAT PERSON'S PERSONNEL

FILE.

FORM 990, PART VI, SECTION C, LINE 19

OUR AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE WEBSITE EACH YEAR.

Schedule O (Form 990 or 990-EZ) 2022			Page 2
Name of the organization		Employer iden	tification number
FOOD RESEARCH AND ACTION CENTER		23-720	0739
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	ERVICES		
DESCRIPTION	====== GRANTS	EXPENSES	REVENUE
DESCRIPTION	GRANIS	EVLEN2E2	KEVENUE
D.C. HUNGER SOLUTIONS		597,626.	
MARYLAND HUNGER SOLUTIONS	6,000.	736,966.	
LEGISLATIVE		884,302.	
ROOT CAUSES AND SPECIFIC POPULATIONS	8,000.	507,479.	
COMMUNICATIONS		1,099,334.	
NETWORK ENGAGEMENT		161,263.	

TOTALS

=

14,000. 3,986,970.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

FOOD RESEARCH AND ACTION CENTER

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

	-			-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	g) 512(b)(13) rolled ity?
						Yes	No
(1) FRAC ACTION COUNCIL 26-2010517							
1200 18TH STREET, SUITE 400 WASHINGTON, DC 20036	SOC. WELFARE	DC	501(C)(4)		FRAC	х	
(2)							
(3)							
(4)							
(5)							
(6)							
· · ·							1
(7)							
· · ·	1						1

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

OMB No. 1545-0047

2 22 Open to Public Inspection

Employer identification number

23-7200739

Schedule R (Form 990) 2022

FOOD RESEARCH AND ACTION CENTER

23-7200739

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
_(1)												
(2)												
_(3)												
(4)												
(5)												
(6)												
(7)												
(7)	_											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Section 512(b)(13 controlled entity?
(1)						Yes No
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
o	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses.				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
-							
r	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s).		<u></u>		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including cove	ered relationships and transa	action three	sholds	S.	
	(a) (b) (c) Name of related organization Transaction Amount inv						
	Name of related organization	type (a - s)	Amount involved	Method amou	int invo		g
(1)							
(2)							
<i>(</i> -)							
(3)							
(4)							
(5)							
(5)							
(6)							
(6)							

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JSA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(sta	(c) Legal domicile (state or foreign country)	from tax under	l, section led 501(c)(3) r organizations		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	Yes No		Yes	No	<u> </u>
	_												
	_												
													1
	_												
	_												+
													+
													+
			(state or foreign country)	(state or foreign country) income (related, excluded from tax under sections 512 - 514)	(state or foreign country) income (related, 501) income (related, from tax under sections 512 - 514) sec 501 organiz Yes	(state or foreign country) inrelated, section sections 512 - 514) section organizations?	(state or foreign country) income (related, excluded from tax under sections 512 - 514) section Soft(2/S) organizations? total income	(state or foreign country) incluse (excluded unrelated, excluded sections 512 - 514) incluse (related) regenerations? Incluse (related) regenerations?	(state or breign country) income (related, bit of income (related, income (rela	Instruction Instruction	$ \left \begin{array}{c c c c c c c c } \hline \left(\operatorname{state or trends} \\ \operatorname{country} \\ cou$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

Schedule R (Form 990) 2022

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 Part VII
 Supplemental Information

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