Form **990**

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	For th	e 2021 calendar year, or tax year beginning OCT	1, 2021 and	ending S	EP 30, 2022					
В	Check if applicab	C Name of organization			D Employer identific	cation number				
	Addre	e OPERATION FOOD SEARCH, IN	C.							
	Name chang	Doing business as			43-12418	54				
	Initial returr Final returr	1644 TOTATE BIND	I to street address)	Room/suite	E Telephone number	6-5355				
<u></u>	termii ated		r foreign postal code		G Gross receipts \$ 39,759,186.					
Г	Amer	ded cm rotte MO 63132	. revergit pootal oods		H(a) Is this a group re					
F	Appli		N WILD			? Yes X No				
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in					
T .	Tax-ex		nsert no.) 4947(a)(1)	or 527		list. See instructions				
		te: WWW.OPERATIONFOODSEARCH.O			H(c) Group exemption					
		forganization: Corporation Trust Associat		-P L Year		1 State of legal domicile: MO				
	art I	Summary								
	1	Briefly describe the organization's mission or most signif	ficant activities: TO No	OURISH	AND EDUCATE	OUR				
Governance		NEIGHBORS IN NEED TO HEAL THE HURT OF HUNGER								
'n	2	Check this box if the organization discontinue	ets.							
Ş.	3	Number of voting members of the governing body (Part	3	17						
Ğ	4	Number of independent voting members of the governing	4	17						
Activities &	5	Total number of individuals employed in calendar year 2	021 (Part V, line 2a)		5	71				
vitie	6	Total number of volunteers (estimate if necessary)			6	5309				
Ć	7 a	Total unrelated business revenue from Part VIII, column	(C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T	, Part I, line 11		7b	0.				
					Prior Year	Current Year				
a)	8	Contributions and grants (Part VIII, line 1h)			42,449,243.	35,163,922.				
eun	9				29,786.	383,102.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and			313,742.	84,162.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		52,919.	98,706.				
	12	Total revenue - add lines 8 through 11 (must equal Part			42,845,690.	35,729,892.				
	13	Grants and similar amounts paid (Part IX, column (A), line			27,178,664.	28,200,823.				
	14	Benefits paid to or for members (Part IX, column (A), line			0.	0.				
es	15	Salaries, other compensation, employee benefits (Part I)			2,662,672.	3,203,751.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11			230,232.	240,749.				
Š	. b	Total fundraising expenses (Part IX, column (D), line 25)			7 040 476	2 015 661				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2			7,942,476.	3,015,661.				
		Total expenses. Add lines 13-17 (must equal Part IX, col	umn (A), line 25)		38,014,044.	34,660,984.				
	19	Revenue less expenses. Subtract line 18 from line 12			4,831,646.	1,068,908.				
Net Assets or		Total accepts (Doubly Base 10)			ginning of Current Year 21,192,176.	End of Year 20,475,685.				
ASS P	20	Total liabilities (Part X, line 16)			333,518.	222,317.				
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 2			20,858,658.	20,253,368.				
P	art II	Signature Block	<u> </u>		20,030,030	20,233,300.				
		alties of perjury, I declare that I have examined this return, includ	ling accompanying schedules	s and stateme	nts, and to the hest of my	knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is b				Milowiougo and bollon it lo				
1100	, 00110	IN ANDER WAY	acca cii aii iiirei iiiaacii er iii	mon proparor	1 2/15/5	2023				
Sig	n	Signature of officer			Date					
Her		KRÍSTEN WILD, PRESIDENT &	CEO							
		Type or print name and title								
		Print/Type preparer's name Preparer	arer's signature	D	ate Check	PTIN				
Paid	j	ROBB A. ROHLFING, CPA	<u> </u>	lo	2/15/23 if self-employe	P01050751				
	parer	Firm's name SFW PARTNERS, LLC		· · · · · · · · · · · · · · · · · · ·	Firm's EIN	43-1764273				
	Only	Firm's address 1610 DES PERES RD,	SUITE 300							
		SAINT LOUIS, MO 631			Phone no. 31	4-569-3333				
May	the I	RS discuss this return with the preparer shown above? S				X Yes No				

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383,102.)

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses ▶

1,504,482. including grants of \$

33,209,397.

Form 990 (2021) OPERATION FOOD SEARCH, INC. Part IV Checklist of Required Schedules

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

Form 990 (2021) OPERATION FOOD SEARCH, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			\ _{3,7}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schodula O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this hait v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			1.40
	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in 10t applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	Х	
-	(gambling) winnings to prize winners?	I IC		

Form 990 (2021) OPERATION FOOD SEARCH, INC.

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a		7.7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x						
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a								
b	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						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
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	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	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								
_	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	_								
0	sponsoring organization have excess business holdings at any time during the year?	8								
э a	9 Sponsoring organizations maintaining donor advised funds.a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b								
10	Section 501(c)(7) organizations. Enter:	0.0								
	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									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	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		Х						
	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		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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

800							X					
Sec	tion A. Governing Body and Management						T					
		ا د ا		17		Yes	No					
па	Enter the number of voting members of the governing body at the end of the tax year	1a										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			17								
	Enter the number of voting members included on line 1a, above, who are independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						v					
_	officer, director, trustee, or key employee?			├	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ie direct	supervision		_		37					
	· · · · · · · · · · · · · · · · · · ·				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form		filed?	···· -	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as			···· Г	5		X					
6	Did the organization have members or stockholders?			├	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint c	ne or									
	more members of the governing body?			-	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				l					
	persons other than the governing body?				7b		X					
8												
а	The governing body?				8a	X						
b	Each committee with authority to act on behalf of the governing body?				8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at	the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (Code.)									
				_		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before	e filing the form?	? [11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	scribe									
	on Schedule O how this was done	· · · · · · · · · · · · · · · · · · ·		L	12c	X						
13	Did the organization have a written whistleblower policy?			[13	X						
14	Did the organization have a written document retention and destruction policy?			[14	X						
15	Did the process for determining compensation of the following persons include a review and approv											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official				15a	Х						
	Other officers or key employees of the organization			- 1	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			···								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a									
	taxable entity during the year?				16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	•	•									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure				100							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (section 501/c	:)(3)s (only) :	availal	ole					
.5	for public inspection. Indicate how you made these available. Check all that apply.	14 500	. ,555.1511551(6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-···y/	andi	0					
		n on O	hadula (1)									
10	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			and	finana	sial						
19		UTITICE O	miterest policy,	and i	ııı ıano	ıaı						
00	statements available to the public during the tax year.	ا دراء										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records -									
	KRISTEN WILD - 314-726-5355											
	1644 LOTSIE BLVD, ST. LOUIS, MO 63132											

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Name and title Average hours per week (list any hours for related organizations below line) (1) KRISTEN WILD Position (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per week (list any hours for related organizations below line) (1) KRISTEN WILD PRESIDENT & CEO Average hours per week (list any hours for related organizations and recognizations) (1) TRINA RAGAIN Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 11099-NEC)	int of ner
Average hours per week (list any hours for related organizations below line) (1) KRISTEN WILD PRESIDENT & CEO (2) TRINA RAGAIN FORMER - DIRECTOR OF POLICY & INNOVA (3) DR. KELVIN ADAMS DIRECTOR (4) ERIN BROOKS VICE CHAIR (5) LISA PELIKAN (do not check more than one hours here week and one officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) (multiple purply by the organization (W-2/1099-MISC/1099-NEC) (W-2/1099-MISC/1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 0 111, 1099-NEC) 1099-NEC) 1099-NEC) 0 111, 1099-NEC) 1099-NEC) 1099-NEC) 0 0 11, 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	int of ner
hours per week (list any hours for related organizations below line) (1) KRISTEN WILD PRESIDENT & CEO (2) TRINA RAGAIN FORMER - DIRECTOR OF POLICY & INNOVA (3) DR. KELVIN ADAMS DIRECTOR (4) ERIN BROOKS VICE CHAIR (5) LISA PELIKAN Down, unless person is both an officer and a director/trustee) box, unless person is both an officer and a director/trustee) from the organization from related organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC) Compensation from related organization (W-2/1099-MISC/ 1099-NEC)	ner
Week (list any hours for related organizations below line) S5.00	
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(2) TRINA RAGAIN FORMER - DIRECTOR OF POLICY & INNOVA (3) DR. KELVIN ADAMS DIRECTOR (4) ERIN BROOKS VICE CHAIR (5) LISA PELIKAN 40.00 X 100,158. 0. 9, 0. 0. X X 0. 0. 0.	
Tormer - Director of Policy & Innova X 100,158. 0. 9,	629.
(3) DR. KELVIN ADAMS DIRECTOR (4) ERIN BROOKS VICE CHAIR (5) LISA PELIKAN 1.00 1.00 1.00 0. 0. 0. 0. 0.	
DIRECTOR X 0. 0. (4) ERIN BROOKS 2.00 X X 0. 0. (5) LISA PELIKAN 1.00	886.
(4) ERIN BROOKS 2.00 X X 0. 0. VICE CHAIR X X X 0. 0. (5) LISA PELIKAN 1.00 0. 0. 0. 0. 0.	
VICE CHAIR X X 0. 0. (5) LISA PELIKAN 1.00 . . .	0.
(5) LISA PELIKAN 1.00	_
	0.
DTRECTOR X I I I I I I I I I	•
	0.
(6) AMY ALTHOLZ 2.00 TO THE CONTRACT OF THE CO	•
TREASURER X X 0. 0.	0.
(7) RYAN CUBA 1.00 V	^
DIRECTOR X 0. 0.	0.
(8) MAXINE CLARK DIRECTOR X 0. 0.	٥
(9) RICK STEVENS 1.00	0.
DIRECTOR X 0.	0.
(10) ALAN SCHULTZ 2.00	
CHAIR X X X 0.	0.
(11) LAURA BRYANT 1.00	
DIRECTOR X 0.	0.
(12) NIK BRYM 1.00	
DIRECTOR X 0.	0.
(13) STEVE SPRATT 1.00	
DIRECTOR X 0.	0.
(14) JESSICA STEPHAN 1.00	
DIRECTOR X 0.	0.
(15) PEPE FINN 1.00	
DIRECTOR X 0.	0.
(16) SHERRIE HARE 1.00	
DIRECTOR X 0. 0.	0.
(17) LUCAS SIGNORELLI 1.00	
DIRECTOR X 0. 0.	0.

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	∍d
	hours per week	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		l	nount	of
	(list any	tor					Ĺ	from the	from related organizations		l	other pensa	ition
	hours for	r direc				eg G		organization	(W-2/1099-MIS		I	om the	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations below	nal tru:	ional t		ployee	t comp		1099-NEC)			l	d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	IIIIZali	0115
(18) DARA WEBB	1.00	_	_		×	1							
DIRECTOR		Х						0.		0.			0.
(19) JULIE HOFF	1.00												
SECRETARY-THROUGH 8/1/22		Х		Х		╙		0.		0.			0.
		-											
					<u> </u>	+					 		
		1											
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		-											
					<u> </u>	+	<u> </u>				 		
		1											
1b Subtotal	l		_					269,308.		0.	2	1,5	15.
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)								269,308.		0.	2	1,5	15.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization												V	2
O Diel the committee list and former office.	alina akan kunnak	'					د اما د					Yes	No
3 Did the organization list any former officer,	•		•	•	•		_		•		3	х	
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											j		
and related organizations greater than \$150	•								•		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch j	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	/ith c	or w	thin		ear.				
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	C	(C Comper		n
							\dashv						
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				(0							
												മമറ "	0001

43-1241854

Form 990 (2021) OPERATI
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	l a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
⊇ है			Fundraising events			1c	205,237.				
ifts Ir A			Related organizations			1d					
n Sign			Government grants (contr			1e	336,421.				
Sir			All other contributions, gifts,								
je je			similar amounts not included			1f	34,622,264.				
걸		g	Noncash contributions included in			1g \$	27,995,822.				
Sugar		_	Total. Add lines 1a-1f		•		· · ·	35,163,922.			
<u> </u>			Totally lad in loo Ta 11				Business Code	, ,			
	2	2 a	METRO MARKET FEES AN	ND S	ALES		624210	377,765.	377,765.		
Şi.	_	. u b	NUTRITION EDUCATION				624210	5,337.	5,337.		
Ser		c						, -	, -		
E S		d									
gra		e									
Program Service Revenue			All other program service	rovor	2116						
			Total. Add lines 2a-2f					383,102.			
	3		Investment income (includ					, -			
			other similar amounts)					212,661.			212,661.
	4		Income from investment of								
	5		Royalties		-		_				
	·		noyanos			Real	(ii) Personal				
	6	. .	Gross rents	6a	· · · ·		()				
	·		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	,	(i) Se	ecurities	(ii) Other				
	•	u	assets other than inventory	7a	- ` '	23,118.	()				
		h	Less: cost or other basis	74							
Ð			and sales expenses	7b	39	51,617.					
ne		_	Gain or (loss)	7c	_	28,499.					
ě			Net gain or (loss)					-128,499.			-128,499.
her Revenue	g		Gross income from fundraising					, -			,
Ğ.	_	,			237.						
			contributions reported on								
			Part IV, line 18		,		136,824.				
		h	Less: direct expenses				77,677.				
			Net income or (loss) from				, , <u>, , , , , , , , , , , , , , , , , </u>	59,147.			59,147.
	g		Gross income from gamin								
	_	-	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from				•				
	10		Gross sales of inventory, I								
		_	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from				.				
					v		Business Code				
Snc	11	l a	OTHER				812900	39,559.			39,559.
Miscellaneous Revenue	•	b						•			•
ella		c									
isc			All other revenue								
Σ			Total. Add lines 11a-11d					39,559.			
	12		Total revenue. See instruction					35,729,892.	383,102.	0.	182,868.

Part IX | Statement of Functional Expenses

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

<u>Jecii</u>	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	28,200,823.	28,200,823.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	180,760.	54,228.	54,228.	72,304.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,547,982.	1,828,604.	273,221.	446,157.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	252,376.	184,234.	25,238.	42,904.
10	Payroll taxes	222,633.	158,069.	24,490.	40,074.
11	Fees for services (nonemployees):	•	,	·	•
	Management	278,179.	232,787.	3,568.	41,824.
b	Legal				
c	Accounting	26,850.		26,850.	
d	Lobbying	52,500.	52,500.		
	Professional fundraising services. See Part IV, line 17	240,749.	02/000		240,749.
f	Investment management fees	220 / 7 23 0			220 / 7 23 1
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	304,719.	255,964.	12,189.	36,566.
13 14	Information technology	304,713.	255,504.	12,103.	30,300.
15	Royalties				
16	Occupancy	13,164.	9,875.	919.	2,370.
17	Travel	13,104.	5,015.	<u> </u>	2,570.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Devemonts to effiliates				
21	Payments to affiliates	287,040.	261,206.	14,352.	11,482.
22	Depreciation, depletion, and amortization	103,647.	95,355.	4,146.	4,146.
23	Insurance	103,047.	33,333.	4,140.	4,140.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) FOOD PURCHASES	1,273,784.	1,273,784.	0	0.
a	SHIPPING	146,491.	146,491.	0.	0.
b		138,582.		6,929.	27,716.
C	COMMUNICATION DDOCDAM EVDENCES		103,937.	6,929.	
d	PROGRAM EXPENSES	105,806.	105,806.		0.
	All other expenses	284,899.	245,734.	5,557.	33,608.
25	Total functional expenses. Add lines 1 through 24e	34,660,984.	33,209,397.	451,687.	999,900.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	,	_	_	^
	Check here X if following SOP 98-2 (ASC 958-720)	0.	0.	0.	0. Earm 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			38,760.	1	44,425.
	2	Savings and temporary cash investments			2,643,796.	2	4,140,610.
	3	Pledges and grants receivable, net			612,324.	3	899,155.
	4	Accounts receivable, net			680,520.	4	142,777.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			1,644,345.	8	1,111,357.
¥	9			44,540.	9	311,958.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,834,618.			
	b	Less: accumulated depreciation	10b	1,824,012.	5,113,525.	10c	5,010,606.
	11	Investments - publicly traded securities		10,414,366.	11	8,814,797.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			04 400 476	15	00 455 605
	16	Total assets. Add lines 1 through 15 (must equ			21,192,176.	16	20,475,685.
	17	Accounts payable and accrued expenses			333,518.	17	222,317.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				22	
E.	00	controlled entity or family member of any of thes	-	: · · · · · · · · · · · · · · · · · ·		23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	-	·		25	
	26	Total liabilities. Add lines 17 through 25			333,518.	26	222,317.
		Organizations that follow FASB ASC 958, che	ck here	X	000,020.		
es		and complete lines 27, 28, 32, and 33.					
auc	27				16,751,654.	27	16,075,714.
Bala	28				4,107,004.	28	4,177,654.
둳		Organizations that do not follow FASB ASC 9					
교		and complete lines 29 through 33.	,	, —			
Ģ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32			[20,858,658.	32	20,253,368.
	33				21,192,176.	33	20,475,685.
							000

Form **990** (2021)

Pa	t 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		72					
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	.,66	0,9	84.			
3	Revenue less expenses. Subtract line 2 from line 1	3		.,06					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	,85	8,6	58.			
5	Net unrealized gains (losses) on investments 5 -								
6	Donated services and use of facilities 6								
7	Investment expenses 7								
8									
9	Other changes in net assets or fund balances (explain on Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 20								
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

		OPER	ATION FOOD	SEARCH, INC.	•			4	3-1241854	4			
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.					
Γhe	orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)							
1	\Box	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect				` ` ` `	<i>x x</i> ,						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	П	A medical research organiz						(iii). Enter	the hospital's na	me.			
•		city, and state:	anon operated in ee.	, and a man a market		000110	(2)(.)()	(,					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ad in				
3			section 170(b)(1)(A)(iv). (Complete Part II.)										
6		1		antal unit described in	aastian 17	70/6\/4\/4\	()						
6	X	A federal, state, or local gov	-						المحطانية محام مناطيية				
′	21	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
_		1	•	44444 10 (0)									
8	Ш	A community trust describe											
9		An agricultural research org				-		-	-				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	om gross investr	ment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 197	75.			
	_	See section 509(a)(2). (Co	mplete Part III.)										
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to car	ry out the	purposes of one	or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 5	09(a)(3). C	Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
а	L	Type I. A supporting orga	nization operated, s	upervised, or controlled I	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	pporting				
		organization. You must o	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	orted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functionall	y integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its support	ted organiz	ation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	reness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.							
f	Ent	ter the number of supported o	organizations										
g	Pro	ovide the following information		d organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of o				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instru	uctions)			

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	35677221.	38491163.	40758657.	42411045.	34981376.	192319462	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	35677221.	<u>38491163.</u>	40758657.	42411045.	34981376.	192319462	
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)						80632971.	
	Public support. Subtract line 5 from line 4.						111686491	
Sec	ction B. Total Support			•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	<u>35677221.</u>	<u>38491163.</u>	40758657.	42411045.	34981376.	192319462	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	125,194.	151,598.	134,940.	102,542.	212,661.	726,935.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	131,382.	168,769.	91,868.	80,275.		954,102.	
11	Total support. Add lines 7 through 10					1	194000499	
12	Gross receipts from related activities,	•	,			12		
13	· · · · · · · · · · · · · · · · · · ·	-			•		. \square	
800	organization, check this box and stop						>	
	etion C. Computation of Publi			(0)			57.57 %	
14	11 1 3 (14	= 0 1 6	
15	Public support percentage from 2020					15		
10a	33 1/3% support test - 2021. If the							
L								
U							. \Box	
17~								
118		-						
	· ·		•	-		· ·	. .	
h		•	•					
D		•				,	10 /0 OI	
	,		*				▶□	
18						***************************************		
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization P III Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
3b		
SD		
3с		
- 55		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	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		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

43-1241854 Page 7 OPERATION FOOD SEARCH, INC. Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c.

Schedule A (Form 990) 2021

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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.)

SCHE	DULE	Α,	PART	II,	LINE	10,	EXPI	LANAT	ION	FOR	OTHER	INCON	Œ:		
SPEC:	IAL I	EVEN	TS												
2017	AMOU	JNT:	\$	28,9	958.										
2018	JOMA	JNT:	\$	48,9	931.										
2019	JOMA	JNT:	\$	31,0	040.										
2020	JOMA	JNT:	\$	31,6	599.										
2021	JOMA	JNT:	\$	59,1	147.										
OTHE	R														
2017	JOMA	JNT:	\$	102	,424.										
2018	JOMA	JNT:	\$	119	,838.										
2019	JOMA	JNT:	\$	60,8	328.										
2020	JOMA	JNT:	\$	48,5	576.										
2021	JOMA	JNT:	\$	422	,661.										

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SCHNUCK MARKETS	68,481,724.	64,601,714.
GIRL SCOUT COUNCIL	7,406,418.	3,526,408.
DIERBERGS MARKETS	10,854,062.	6,974,052.
HOPE AND ENCOURAGEMENT FOR HUMANITY	9,410,807.	5,530,797.
Total Excess Contributions to Schedule A, Part II, Line 5		80,632,971.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.							
Nan	ne of organization			Emp	oloyer identification number				
		ON FOOD SEARCH,			43-1241854				
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c) o	or is a section 527 o	rganization.				
2 3	Provide a description of the organize Political campaign activity expendit Volunteer hours for political campaigns.	ures ign activities		>	\$				
	·	janization is exempt und		·					
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	>	\$				
	Enter the amount of any excise tax								
	If the organization incurred a section								
	a Was a correction made?				Yes No				
	o If "Yes," describe in Part IV. art I-C Complete if the org	janization is exempt und	ler section 501(c)	except section 501(c)(3)				
1	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	d by the filing organization for se	ection 527 exempt functi ther organizations for se	ion activities ection 527	\$				
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,								
	line 17b			>	\$				
4	Did the filing organization file Form								
5	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organiz a separate political orga	ation's funds. Also enter that anization, such as a separa	ne amount of political				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

		OOD SEARCH,			241854 Page 2
Part II-A Complete if the org	janization is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 🔲 if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share	re of excess lobbying e	expenditures).			
B Check 🕨 🗌 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe	ndituros		(a) Filing	(b) Affiliated group
		ints paid or incurred.)		organization's	totals
(totals	
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)		52,500.	
c Total lobbying expenditures (add li	ines 1a and 1b)			52,500.	
d Other exempt purpose expenditure	es			34,471,976.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)		34,524,476.	
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000					
g Grassroots nontaxable amount (en		250,000.			
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t				of the five columns be	low.
	See the separ	ate instructions for lin	nes 2a through 2f.)		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	30,500.	30,000.	36,000.	52,500.	149,000.
	050 000	050.000	050 000	050 000	1 000 000
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					1 500 000
(150% of line 2d, column (e))					1,500,000.
		1	l		1

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021 OPERATION FOOD SEARCH, INC. 43-12418 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below	, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.		Yes No		Amount	
During the year, did the filing organization atter local legislation, including any attempt to influe or referendum, through the use of:					
b Paid staff or management (include compensati	on in expenses reported on lines 1c through 1i)?				
	?				
e Publications, or published or broadcast statem					
	poses?				
	ernment officials, or a legislative body?				
	s, speeches, lectures, or any similar means?				
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization	on to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred ι	under section 4912				
c If "Yes," enter the amount of any tax incurred by	by organization managers under section 4912				
d If the filing organization incurred a section 4912	2 tax, did it file Form 4720 for this year?	<u> </u>		<u></u>	
Part III-A Complete if the organization 501(c)(6).	is exempt under section 501(c)(4), section	501(c)(5),	or sec	tion	
				Yes	No
1 Were substantially all (90% or more) dues recei	ved nondeductible by members?		1		
2 Did the organization make only in-house lobbyi	ng expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying	ng and political campaign activity expenditures from the lise exempt under section 501(c)(4), section	orior year?	3		
answered "Yes."	FH Part III-A, lines 1 and 2, are answered "N		1	II-A, line	3, is
	nembers		1		
	itical expenditures (do not include amounts of political				
expenses for which the section 527(f) tax wa	• •		0-		
			2a		
			2b		
	1/A) potions of pandaductible poetion 160(s) dues		2c		
	1)(A) notices of nondeductible section 162(e) dues exceeds the amount on line 3, what portion of the exces		3		
	exceeds the amount on line 3, what portion of the exces				
	, , ,		1		
5 Taxable amount of lobbying and political exper	ndituras. Saa instructions		5		
	iditures. Gee instructions		<u> </u>		
Provide the descriptions required for Part I-A, line 1; I instructions); and Part II-B, line 1. Also, complete this	Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis	st); Part II-A, I	ines 1 aı	nd 2 (See	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

OPERATION FOOD SEARCH, INC. **Employer identification number** 43-1241854

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	▶ \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)((i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9. If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala in furtheran	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9. If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement are statement and the light statement are statement and the light statement are statement and the light statement are statement as exhibition, education, or research in the light statement are statement as a statement as a statement are statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement as a statement are statement as a statemen	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or (Other	Similar /	Assets	(continu	ued)	
3	Using the organization's acquisition, accessio							, , , , , , , , , , , , , , , , , , , ,		
	collection items (check all that apply):	,	•	· ·						
а	Public exhibition	d	Loan or excl	hange program	ı					
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how thev further th	e organization	's exemi	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit or	•	•	· ·						
	to be sold to raise funds rather than to be mai							Yes	☐ No	
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part		g				,	, -:		
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contributions	or other asset	ts not in	cluded				
			•					Yes	☐ No	
b	on Form 990, Part X?									
	g		g					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes	No	
	If "Yes," explain the arrangement in Part XIII.		*					_		
	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									
	· .	(a) Current year	(b) Prior year	(c) Two years		d) Three yea	ırs back	(e) Four y	ears back	
1a	Beginning of year balance	6,675,106.	3,275,801.	1,157,						
b	Contributions	42,815.	2,776,748.	2,002,	266.	1,137,767.				
c	Net investment earnings, gains, and losses	-1,182,363.	622,557.	116,		19	9,441.			
d	Grants or scholarships		·	,						
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance	5,535,558.	6,675,106.	3,275,	801.	1,15	7,208.			
2	Provide the estimated percentage of the curre				<u> </u>	<u> </u>	,			
– a	Board designated or quasi-endowment	61.0000	%	,						
b	Permanent endowment ► 39.0000	%	_,,							
	Term endowment ▶ .0000 9									
_	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the possess	•	tion that are held an	d administered	d for the	organizati	on			
	by:					9		\[\frac{1}{2}\]	es No	
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Ac	cumulated		(d) Book	value	
		basis (investm	` '	· · · · · · · · · · · · · · · · · · ·		reciation		(-,		
1a	Land	1	68	8,143.				688	,143.	
b	Buildings			5,064.	7	31,85	3.	4,023		
c	Leasehold improvements		,,,,							
d	Equipment		1,16	6,700.	9	08,95	3.	257	,742.	
	Other			4,711.		83,19			,515.	
	. Add lines 1a through 1e. (Column (d) must ed							5,010		

Schedule D (Form 990) 2021

Schedule [O (Form 990) 2021 OPERATION F	OOD SEARCH, II	NC.	43-1241854	Page
	Investments - Other Securities.	·			
	Complete if the organization answered "Yes"				
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market v	alue
	ial derivatives				
(2) Closely	y held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					
(G)					
(H)	(I) IF 000 B IV I (B) II 10 \				
	(b) must equal Form 990, Part X, col. (B) line 12.)				
rait VII	Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 900 Bart V line 13		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market v	ا ماراد
	(a) Description of investment	(b) Book value	(c) Wethod of Valuation. Cost of	end-or-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
		Description	, ,	(b) Book va	alue
(1)		•		.,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X	Other Liabilities. Complete if the organization answered "Yes"			25	
		o o ooo, r are rv, line		(b) Book va	alue
1	(a) Description of Hability				
1. (1) Fo	(a) Description of liability			(b) Book ve	
	deral income taxes			(b) Book ve	

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Scriedule D (FUIII 990) 202 i 🔾	T DIVELLOIM I O	ob blimen,	T11C •	1 3	1241034
Part XI	Reconciliation of R	evenue per Audit	ed Financial Sta	atements With F	Revenue per Return	

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	venue, gains, and other support per audited financial statements			1	34,078,385.
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	ealized gains (losses) on investments	2a	-1,674,198.		
b	Donate	d services and use of facilities	2b	22,691.		
С	Recove	ries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	-1,651,507.
3	Subtrac	t line 2e from line 1			3	35,729,892.
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С		es 4a and 4b			4c	0.
5	Total re	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		····	5	35,729,892.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its Wi	th Expenses per H	leturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total ex	penses and losses per audited financial statements			1	34,683,675.
2		ts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	d services and use of facilities	2a	22,691.		
b	Prior ye	ar adjustments	2b			
С	Other lo	osses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	22,691.
3	Subtrac	t line 2e from line 1			3	34,660,984.
4	Amoun	ts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lin	es 4a and 4b			4c	0.
5	Total ex	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,660,984.
		Supplemental Information.				
rov	ide the d	escriptions 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 >	K, line 2; Part XI,
ines	2d and	b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	ormation.		

PART V, LINE 4:

THE ORGANIZATION'S BOARD DESIGNATED ENDOWMENT FUNDS ARE INTENDED TO BE MAINTAINED AND REQUIRE BOARD APPROVAL FOR THE FUNDS TO BE USED. THE ORGANIZATION'S DONOR ENDOWMENT FUND IS INTENDED TO BE KEPT IN PERPETUITY. THE ENDOWMENTS HAVE A SPENDING POLICY AND ALLOW FOR USE OF THE EARNINGS AT THE BOARD OF DIRECTOR'S DISCRETION.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FASB ASC. THE TOPIC PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A

Schedule D (Form 990) 2021 OPERATION FOOD SEARCH, INC. Part XIII Supplemental Information (continued)	
TAX RETURN. IN EVALUATING THE ORGANIZATION'S EXEMPT STATUS,	
INTERPRETATIONS AND TAX PLANNING STRATEGIES ARE CONSIDERED.	
ORGANIZATION BELIEVES IT IS NOT EXPOSED TO ANY MATERIAL CURR	ENT OR FUTURE
TAX LIABILITY BASED ON ITS CURRENT OPERATIONS.	
	_
	_

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

OPERATION FOOD SEARCH, INC.

Employer identification number

43-1241854

required to complete this pair	<u> </u>					
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations 	e X Solicita f X Solicita	tion of	non-g gover	overnment grants nment grants		
c X Phone solicitations	g X Special	tundra	ısıng (events		
d X In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus		
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofession	onal fu	undraising services?	X Yes	No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to a	agreer	ments under which th	ne fundraiser is to be	
compensated at least \$5,000 by the	organization.					
		T				
(i) Name and address of individual		(iii) fundra	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have cu	stodv	from activity	fundraiser	to (or retained by)
		contribu	tions?	,	listed in col. (i)	organization
GABRIEL GROUP - 3190 RIDER		Yes	No			
TRAIL SOUTH, EARTH CITY, MO			Х	884,255.	240,749.	643,506.
				·	,	
						_
						_
Total				884,255.	240,749.	643,506.
List all states in which the organization	n is registered or licensed to solicit (contribu	ıtione		,	
or licensing.	This registered of licerised to solicit	SOLITIO	1110113	or rias been notified	it is exempt from reg	gistration
MO						
.10						

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines i and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FEAST FOR	GOLF		(add col. (a) through
			CHANGE	TOURNAMENT	2	col. (c))
a)			(event type)	(event type)	(total number)	551. (6) /
Revenue						
é	1	Gross receipts	220,574.	90,660.	30,827.	342,061.
ш						
	2	Less: Contributions	132,344.	54,396.	18,497.	205,237.
	3	Gross income (line 1 minus line 2)	88,230.	36,264.	12,330.	136,824.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses		D 1/6 111				
ber	6	Rent/facility costs				
Ϋ́	_					
9	′	Food and beverages				
□		Entartainment				
	8	Entertainment Other direct expenses	60,255.	13,530.	3,892.	77,677.
	_	Direct expense summary. Add lines 4 through				77,677.
		Net income summary. Subtract line 10 from li	(/		_	59,147.
Pa	rt I	Gaming. Complete if the organization a				007==/-
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
_			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Œ	1	Gross revenue				
S	2	Cash prizes				
Sus						
ž	3	Noncash prizes				
Direct Expenses						
)ire	4	Rent/facility costs				
_		Ollow divided a series				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes %	
	0	Volunteer labor	No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	'	2. 331 Oxported darrinary. Add into 2 tillough				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		,			•	
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	ear?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990) 2021 OP	ERATION FOOD SEARCH, IN	C. 43-1	L241854 Page 3
11 Does the organization conduct gaming	activities with nonmembers?		Yes No
	or trustee of a trust, or a member of a partne		
			Yes No
13 Indicate the percentage of gaming activ			
			13a %
	on who prepares the organization's gaming/sp		13b %
Little the name and address of the pers	on who prepares the organization's gaming/sp	pecial events books and records.	
Name			
Address			
15a Does the organization have a contract v	ith a third party from whom the organization r	receives gaming revenue?	Yes No
b If "Yes." enter the amount of gaming re	enue received by the organization > \$	and the amount	
of gaming revenue retained by the third			
c If "Yes," enter name and address of the	· · · · · · · · · · · · · · · · · · ·		
Name ▶			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
-			
Director/officer	Employee Independent cont	ractor	
17 Mandaton, distributions:			
17 Mandatory distributions: a Is the organization required under state	law to make charitable distributions from the	gaming proceeds to	
		· · · · · · · · · · · · · · · · · · ·	Yes No
	ed under state law to be distributed to other e		
organization's own exempt activities du			
	On. Provide the explanations required by Particular Provide any additional information.		rt III, lines 9, 9b, 10b,
SCHEDULE G, PART I, DI	IE 2B, LIST OF TEN HIGHI	ST FAID FUNDAISERS) :
(I) NAME OF FUNDRAISER	GABRIEL GROUP		
(I) ADDRESS OF FUNDRAL	SER: 3190 RIDER TRAIL SO	OUTH, EARTH CITY, MO	63045
DADM T ITNE OD COLUMN			
PART I, LINE 2B, COLUM	1 (V):		
THE AMOUNT SHOWN ON SC	EDULE G, PART I, LINE 2	2B, COLUMN (V) REPRE	ESENTS
THE GROSS AMOUNT DATE	O THE FUNDRAISER, GABRI	ו בו. בפרווס יה אם אם בינ	≀мжмт
	TIDES FOR THE PAYMENT OF		

Part IV Supplemental Information (continued)
PAYMENT OF FUNDRAISING EXPENSES. HOWEVER, THE AGREEMENT DOES NOT
DISTINGUISH BETWEEN THE FEES FOR PROFESSIONAL FUNDRAISING SERVICES AND
PAYMENT OF FUNDRAISING EXPENSES, THUS, THE GROSS AMOUNT PAID IS REPORTED.
FEES ARE FOR A DIRECT MAIL PROGRAM. FEES PAID BY THE ORGANIZATION TO
GABRIEL GROUP ARE NOT CONTINGENT UPON REVENUE FROM THE MAILINGS BUT ARE
BASED ON A RATE PER PIECE MAILED.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OPERATION	N FOOD SEA	ARCH, INC.					43-1241854
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records					-		
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's pr	rocedures for mon	itoring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than	-					es" on Form 990, Part	IV, line 21, for any
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
171 AGENCIES - DETAIL AVAILABLE UPON REQUEST		501(C)(3)	0.	28,200,823.	EST RETAIL OR	FOOD AND HOUSEHOLD ITEMS	FOOD DISTRIBUTION PROGRAM
OTON NAMED AND ADDRESS OF THE PARTY OF THE P							
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-	ne line 1 table				171.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					
Part IV Supplemental Information. Provide the information	on required in Part I, line	e 2; Part III, columr	h (b); and any other ad	Iditional information.	
PART I, LINE 2:					
OPERATION FOOD SEARCH REQUIRES A	ALL AGENCIES	TO MAINT	AIN A 501(C)(3) STATUS	
AND MEET OTHER QUALIFICATION STA	ANDARDS EAC	H ACENCY	TS MONTTORE	D ON AN	
ONGOING BASIS TO ENSURE COMPLIAN	NCE WITH THE	PROGRAM I	REQUIREMENT	S. RECORDS	
ARE KEPT FOR EACH AGENCY ON AMOU	UNT OF GRANT	ED PRODUC	T RECEIVED .	AND	
COMPLIANCE WITH PROGRAM REQUIRED	MENTS.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

OPERATION FOOD SEARCH, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 43-1241854 \end{array}$

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(B)(i)-(D) in column (B		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KRISTEN WILD	(i)	169,150.	0.	0.	5,741.	5,888.	180,779.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) TRINA RAGAIN	(i)	100,158.	0.	0.	4,122.	5,764.	110,044.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization OPERATION FOOD SEARCH, INC. Employer identification number 43-1241854

Pai	t I Types of Property		·		•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of donorcash contribution	etermin	•	s
1	Art - Works of art			-				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	4,926.	FAIR VALUE			
7	Boats and planes			,				
8	Intellectual property							
9	Securities - Publicly traded	X	18	138,979.	FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles	X	98	27,667,835.	FATR VALUE			
20	Food inventory		70	21,001,033	TAIR VALUE			
21	Drugs and medical supplies							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ▶ (SOLAR PANELS)	X	1	194 092	FAIR VALUE			
25			<u> </u>	104,002.	FAIR VALUE			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organic							
	for which the organization completed Form 82	os, Part V, L	onee Acknowledg	ement 29			Vaa	Na
20-	Diving the year did the exemisation receive by	v oontributio	n any nyanasty van	orted in Dort Llines 1 through	ab 00 that it		Yes	No
Sua	During the year, did the organization receive by must hold for at least three years from the date	-						
	•		•	•		20-		Х
	exempt purposes for the entire holding period	<i>'</i>				30a		Λ
	If "Yes," describe the arrangement in Part II.	nalicy that "	auiree the review	of any populandard contribu	tions?	31	Х	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						Λ	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					20-		Х
						32a		Λ
	If "Yes," describe in Part II.	alumar (a) fa	v a truno of managerit	, for which column (a) is also	alrad			
33	If the organization didn't report an amount in o	olumni (C) TO	a type of propeπy	ioi which column (a) is che	ckeu,			
LLIA	describe in Part II. For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 000	<u> </u>	Cahadula	A /Carr	» 000)	2024
LHA	FOI PAPELWOLK DEGUCTION ACTINOTICE, SEE	ule ilistruc		J.	Schedule I	AL (LOLL	11 ツサリ)	2 02 1

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

Schedule M	(Form 990) 2021	OPERATION	FOOD	SEARCH,	INC.		43-1241854	Page 2
Part II	Supplemental is reporting in Part	Information. F	Provide the umber of o	information regi	uired by Part I. lin	es 30b, 32b, and 33 s received, or a com	, and whether the organiz bination of both. Also com	ation

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INC. OPERATION FOOD SEARCH,

Employer identification number 43-1241854

Schedule O (Form 990) 2021

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: NON-PROFIT FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES INCLUDE METROMARKET, INNOVATION, NUTRITION EDUCATION, ADVOCACY, AND OTHER PROGRAMS THAT ENABLE THE ORGANIZATION TO ACHIEVE ITS MISSION OF PROVIDING FOOD TODAY AND HELP CREATE A HUNGER-FREE TOMORROW. EXPENSES \$ 1,504,482. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 383,102.** FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - THE PRESIDENT & CEO WILL EMAIL A DRAFT OF THE FORM 990 TO THE MEMBERS OF THE FINANCE COMMITTEE. THESE MEMBERS ARE RESPONSIBLE FOR REVIEWING THE RETURN AND NOTIFYING THE PRESIDENT & CEO OF THEIR APPROVAL PRIOR TO THE ORGANIZATION FILING FORM 990. A COPY OF THE FORM 990 IS EMAILED TO THE ENTIRE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE AT LEAST ONCE ANNUALLY THEIR BUSINESS INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. IN ADDITION, THE ORGANIZATION'S OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY IF THEY HAVE BENEFITTED FINANCIALLY FROM A DECISION HE OR SHE HAS OR COULD MAKE INCLUDING INDIRECT BENEFITS TO FAMILY MEMBERS. A CONFLICT OF INTEREST DISCLOSURE FORM IS DISTRIBUTED ANNUALLY TO THE ORGANIZATION'S OFFICERS,

DIRECTORS AND EMPLOYEES. EACH PERSON IS ASKED TO ACKNOWLEDGE RECEIPT OF THE

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

Schedule O (Form 990) 2021 Page 2

Name of the organization

OPERATION FOOD SEARCH, INC.

Employer identification number 43-1241854

CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM, ACKNOWLEDGE THAT HE OR SHE
UNDERSTANDS THE POLICY AND THAT HE OR SHE AGREES TO COMPLY WITH THE POLICY.

IN ADDITION, DIRECTORS, OFFICERS AND EMPLOYEES MUST CERTIFY THAT HE OR SHE
HAS NO ACTUAL OR POSSIBLE CONFLICT OF INTEREST OR DESCRIBE ANY

RELATIONSHIPS, TRANSACTIONS OR OTHER CIRCUMSTANCES THAT COULD RESULT IN A

CONFLICT OF INTEREST. ANY REPORTED CONFLICTS OF INTEREST OR POTENTIAL

CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE ORGANIZATION DOES NOT

ALLOW FOR ANY SUBSTANTIVE CONFLICTS OF INTEREST.

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

THE HUMAN RESOURCES COMMITTEE OF OPERATION FOOD SEARCH ANNUALLY REVIEWS THE

COMPENSATION OF THE PRESIDENT & CEO TO DETERMINE SUITABLE COMPENSATION.

COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BASED UPON PERFORMANCE.

COMPARABILITY DATA IS USED TO DETERMINE FAIRNESS AND EQUABILITY. THE

PROCESS FOR DETERMINATION OF COMPENSATION INCLUDES A REVIEW OF

COMPARABILITY DATA INCLUDING COMPENSATION COMPARATIVES MADE WITH SIMILAR

NONPROFIT ORGANIZATIONS SUCH AS FOOD BANKS AND OTHER HUNGER RELIEF

ORGANZIATIONS, AS WELL AS COMPENSATION SURVEYS AND REVIEW OF 990S OF

SIMILAR ORGANIZATIONS. THE SALARY RECOMMENDATIONS OF THE HUMAN RESOURCES

COMMITTEE ARE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS FOR

APPROVAL. THE HUMAN RESOURCES COMMITTEE WILL RETAIN DOCUMENTATION OF THE

DELIBERATION AND FINAL DECISION.

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

AVAILABLE BY MAIL, E-MAIL, OR PHONE.

FORM 990, PART XII, 2C

THE ORGANIZATION HAS NOT CHANGED ITS PROCESSES DURING THE CURRENT YEAR.

Schedule O (Form 990) 2021 Page **2**

Name of the organization OPERATION FOOD SEARCH, INC.	Employer identification number 43-1241854
SCHEDULE M, PART 1, LINE 19B	
THE AMOUNT SHOWN ON LINE 19B REPRESENTS THE APPROXIMATE NU	MBER OF
DONORS RATHER THAN THE NUMBER OF CONTRIBUTIONS. VARIOUS CO	NTRIBUTORS
MAKE REGULAR DONATIONS THROUGHOUT THE YEAR AND ONLY TOTAL	CONTRIBUTION
AMOUNTS BY CONTRIBUTOR ARE TRACKED BY THE ORGANIZATION.	
SCHEDULE G, PART 1, LINE 2B, COLUMN (V)	
THE AMOUNT SHOWN ON LINE 2B, COLUMN (V) REPRESENTS THE GRO	SS AMOUNT
PAID TO THE FUNDRAISER, GABRIEL GROUP. THE AGREEMENT WITH	GABRIEL GROUP
PROVIDES FOR THE PAYMENT OF FEES AND ALSO FOR THE PAYMENT	OF
FUNDRAISING EXPENSES. HOWEVER, THE AGREEMENT DOES NOT DIST	INGUISH
BETWEEN THE FEES FOR PROFESSIONAL FUNDRAISING SERVICES AND	PAYMENT OF
FUNDRAISING EXPENSES, THUS, THE GROSS AMOUNT PAID IS REPOR	TED.