Form JJJU

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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



AI	-or τne	a 2022 calendar year, or tax year beginning and	aenaing		
Ba	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	FOOD FOR SOUL, INC.			
	Name Change			83-143465	58
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/ termin-	205 BROW STREET		401-996-0	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	681,113.
	Amend	DIVERPOOD, NI ISU88		H(a) Is this a group re	
	Applica tion pendin			for subordinates?	
		[°] 205 BROW STREET, LIVERPOOL, NY 13088		H(b) Are all subordinates ind	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		ist. See instructions
	Nebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2019 M	State of legal domicile: DE
Pa		Summary			
e		Briefly describe the organization's mission or most significant activities: FOOD CREATE INCLUSIVE AND BEAUTIFUL COMMUNITY		IENS IN WUTCH	
nan					
Governance		Check this box if the organization discontinued its operations or dispo	1.1	2 sets.	
ß		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		2	
s S		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		3	
Activities &		Total number of volunteers (estimate if necessary)			2
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		· · ·		Prior Year	Current Year
θ	8 (Contributions and grants (Part VIII, line 1h)		946,172.	681,113.
enu		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		946,172.	681,113.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		562,167.	325,323.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		208,378.	246,273.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Щ		Total fundraising expenses (Part IX, column (D), line 25) 31, 9		68,102.	150,649.
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		838,647.	722,245.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		107,525.	-41,132.
3S		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets c ance	20 -	Total assets (Part X, line 16)		463,707.	422,575.
Assets or d Balances	20			<u> </u>	
Net / Fund		l otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		463,707.	422,575.
		Signatura Block		10071010	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date									
Here	JILL CONKLIN, EXECUTIVE DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name Preparer's Agnature Date	Check PTIN									
Paid	RICHARD FARLEY JR., CPA Muchared Farley or, CPA 07/14	/23 self-employed P01083459									
Preparer		Firm's EIN 20-1317788									
Use Only	Firm's address 120 MADISON ST – 1700 AXA TOWER II										
	SYRACUSE, NY 13202	Phone no. 315 - 234 - 1100									
May the IRS discuss this return with the preparer shown above? See instructions											
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										
C C	CEE COMEDINE O FOD ODCANTZANTON MICCION CHAMEMENE CONMINUATION										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		1434658	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: FOOD FOR SOUL, INC. HELPS TO CREATE INCLUSIVE AND BEAUTIFUL	COMMUNI	TY
	KITCHENS IN WHICH NOT ONLY OUR GUESTS, PEOPLE IN NEED AND IN		
	VULNERABLE CONDITIONS, CAN FEEL WELCOMED AND INSPIRED - OUR		
	REFETTORIOS ARE SPACES FOR EVERYONE, BECAUSE THE DOORS ARE A	ALWAYS	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses	6.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t		
	revenue, if any, for each program service reported.		
4a)
	IN 2022, FOOD FOR SOUL SUPPORTED THE OPENING OF 2 NEW PROJEC	CTS IN	
	GENEVA, SWITZERLAND WITH NONPROFIT PARTNER MATER FOUNDATION	AND SYD	NEY,
	AUSTRALIA WITH NONPROFIT PARTNER OZHARVEST. THIS ALLOWED US	3 ТО	
	INCREASE THE COLLECTIVE FOOD ASSISTANCE OF REFETTORIO PROJEC	CTS BY 1	08
	ENABLING THE SERVICE OF APPROXIMATELY 60K MEALS ANNUALLY ANI) FRESH	FOOD
	PROVISIONS TOTALLING APPROXIMATELY 95K POUNDS OF FOOD TO THE)SE FACI	NG
	HUNGER. ADDITIONALLY, WE SAW AN INCREASE IN FOOD RECOVERY	THUS FOO	D
	SAVED AND DIVERTED FROM LANDFILL BY 6% OVERALL.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
			<u>`</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 544, 308.	/	
		Eorm C	90 (2022)

Form	990	(2022)

 Form 990 (2022)
 FOOD FOR SOUL, 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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "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	•		x
9	Schedule D, Part III	8		
9	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	5		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
		<u> </u>		

 Form 990 (2022)
 FOOD
 FOR
 SOUL
 INC

 Part IV
 Checklist of Required Schedules (continued)
 FOOD FOR SOUL, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			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	051		x
	Schedule L, Part I	25b		
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		- 23
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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		

	rm 990 (2022) FOOD FOR SOUL, INC. 83-14346 art V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 3		Х								
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	~	x							
3a h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b									
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	30									
Ηa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x							
h	If "Yes," enter the name of the foreign country	та									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		Х							
	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		х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е											
f											
g											
h											
8											
•	sponsoring organization have excess business holdings at any time during the year?										
	 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 49662 										
	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?										
ь 10	Section 501(c)(7) organizations. Enter:	9b									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13											
а											
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.			v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
4-	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
If "Yes," complete Form 6069.											

FOOD FOR SOUL, INC.

X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x							
	officer, director, trustee, or key employee?										
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
		_	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a		Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?										
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
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, and 990-T (section 501(c)(3)s onlv) avail:	able							
	for public inspection. Indicate how you made these available. Check all that apply.	, . <i>.</i> y	,								
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id fina	ncial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JILL CONKLIN - 401-996-0390										
	205 BROW STREET, LIVERPOOL, NY 13088										

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

(B) Average	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable	(E) Reportable	(F) Estimated				
hours per week			box, unless person is both an officer and a director/trustee)				is bot	h an	from
(list any hours for related organizations below line)	Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
40.00			x				127,800.	0.	0.
	x		x				0.	0.	0.
	x		x				0.	0.	0.
	-								
	Average hours per week (list any hours for related organizations below line) 40.00 5.00 10.00 3.00	Average hours per week (list any hours for related organizations below line) 40.00 5.00 10.00 X 3.00	Average hours per week (list any hours for related organizations below line) 40.000 5.000 10.000 X	Average hours per week (list any hours for related organizations below line) 40.000 5.000 10.000 x x 3.000	Average hours per week Position (do not check more box, unless person officer and a director officer and a director veek (list any hours for related organizations below line) in to any to an	Average hours per week Position (do not check more than box, unless person is bot officer and a director/trus officer and a director/trus officer and a director/trus officer and a director/trus below ist any hours for related organizations below line) inpatient officer and a director/trus aest n1 position aest n1 posi position aest n1 position aest n1 position aest n1 positi	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related organizations below line) ionot intervent to astrony below line) 3.000 ionot intervent to astrony below ionot intervent to astrony below ionot intervent to astrony below	Average hours per week Position (do not check more than one- officer and a director/trustee) Reportable compensation from the organizations below (list any hours for related organizations below line) ionot intervent interv	Average hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from fromReportable compensation from from (W-2/1099-MISC/ 1099-NEC)Reportable compensation from from (W-2/1099-MISC/ 1099-NEC)Reportable compensation from (W-2/1099-MISC/ 1099-NEC)40.00XX127,800.0.5.00XX0.0.

	990 (2022) FOOD FOR									83-143	4658	<u>3 р</u>	age 8
Pa	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	Compensated Employe (D)				
	(A) (B) Name and title Averag hours p			(B) (C) Average hours per week week discrete the second se						(E) Reportable compensation from related		(F) Estimate amount other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	/ or a	mpensa from th ganizat nd relat ganizat	ie tion ted
		line)	Indi	Insti	Officer	Key	High emp	Former					
	Subtotal Total from continuation sheets to Part VI								127,800.	C C).		0.
 2						·····.			127,800. eceived more than \$100).		0.
	compensation from the organization						,			· ·		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual								-	. 3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,"	' coi	mple	ete S	Sche	edule	e J f	for such individual	-	. 4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-		5		x
1	Complete this table for your five highest co the organization. Report compensation for										ensatior	1 from	
	(A) Name and business			ONE					(B) Description of s			(C) ensatic	n
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho:	-	sted	l above) who received n	nore than			

-			Check if Schedule O c	onta	ains a respo	nse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts nts	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues								
An G		с	Fundraising events		1c						
ar ,			Related organizations				254,864.				
is, (е	Government grants (contri								
r S		f	All other contributions, gifts, g	grant	s, and						
the			similar amounts not included a	abov	e 1f		426,249.				
d df		g	Noncash contributions included in I	lines	1a-1f 1g \$						
aSu		h	Total. Add lines 1a-1f					681,113.			
							Business Code				
e	2	2 a									
e Xi		b									
Sc		с									
ran ev		d									
Program Service Revenue		е									
ā		f	All other program service r	ever	nue	,					
		g	Total. Add lines 2a-2f								
	3	3	Investment income (includ	ing o	dividends, ir	ntere	est, and				
			other similar amounts)								
	4	ŀ	Income from investment of	f tax	exempt bo	nd p	roceeds				
	5	5	Royalties								
					(i) Real		(ii) Personal				
	6	i a	Gross rents	6a							
	b		Less: rental expenses	6b							
		С		6c							
			Net rental income or (loss)								
	7	'a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			,	7a							
•		b	Less: cost or other basis								
)ther Revenue				7b							
eve			· · · · · · · · · · · · · · · ·	7c							
ñ			Net gain or (loss)								
the	8	3 a	Gross income from fundraisin	•	`						
0			including \$								
			contributions reported on I								
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from f								
	9	а	Gross income from gaming	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
	10		Net income or (loss) from g	-	-	;					
	10) a	Gross sales of inventory, le			10-					
		Ŀ.	and allowances			10a 10b					
			Less: cost of goods sold								
		C	Net income or (loss) from s	sales	s of inventor	у	Business Code				
sno		<u>۔</u>					Dusiness Coue				
nec	''	la b									
ver		b									
Miscellaneous Revenue		c c									
Σ			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instruction					681,113.	0.	0.	0.
	12			10							01

Form 990 (2022) FOOD FOI Part VIII Statement of Revenue

FOOD FOR SOUL, INC.

83-1434658

Page **9**

FOOD FOR SOUL, INC.

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

Do not include amounts reported on line 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domesti	c organizations		expenses	general expenses	CAPCINGES
and domestic governments. See Part IV	/, line 21	299,323.	299,323.		
2 Grants and other assistance to dor	mestic				
individuals. See Part IV, line 22					
3 Grants and other assistance to fore	eign				
organizations, foreign governments	s, and foreign				
individuals. See Part IV, lines 15 an	nd 16	26,000.	26,000.		
4 Benefits paid to or for members					
5 Compensation of current officers, of	directors,				
trustees, and key employees		127,800.		127,800.	
6 Compensation not included above to dia	squalified				
persons (as defined under section 4958	B(f)(1)) and				
persons described in section 4958(c)(3					
7 Other salaries and wages		100,604.	100,604.		
8 Pension plan accruals and contributions					
section 401(k) and 403(b) employer co	· · -				
9 Other employee benefits		396.	396.		
10 Payroll taxes	上	17,473.	7,696.	9,777.	
11 Fees for services (nonemployees):					
a Management					
b Legal					
c Accounting					
d Lobbying					
e Professional fundraising services. See F					
f Investment management fees					
g Other. (If line 11g amount exceeds 10g					
column (A), amount, list line 11g expen	· –				
12 Advertising and promotion		144.	144.		
13 Office expenses		144.	144.		
14 Information technology					
15 Royalties					
16 Occupancy		73,619.	73,619.		
17 Travel		75,015.	75,015.		
18 Payments of travel or entertainmen					
for any federal, state, or local publi 19 Conferences, conventions, and me		3,972.	3,972.		
		5,572.	5,572•		
20 Interest 21 Payments to affiliates					
22 Depreciation, depletion, and amort					
22 Depreciation, depretion, and amont 23 Insurance					
24 Other expenses. Itemize expenses not c					
above. (List miscellaneous expenses or	n line 24e. If				
line 24e amount exceeds 10% of line 25 amount, list line 24e expenses on Sche					
a FUNDRAISING		30,341.			30,341
b SUPPLIES	 	23,091.	23,091.		
c ADMINISTRATIVE EX	PENSES	8,365.	- ,	8,365.	
d FEES & DUES	 	6,878.	5,224.	· ·	1,654
e All other expenses	 	4,239.	4,239.		
25 Total functional expenses. Add lines 1	through 24e	722,245.	544,308.	145,942.	31,995
26 Joint costs. Complete this line only if th			-		
reported in column (B) joint costs from	-				
educational campaign and fundraising s					
Check here if following SOP 98-2 (AS					

83-	14	13	4(6

FOOD	FOR	SOUL,	INC.
		~~~~/	

		Check if Schedule O contains a response or no	te to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		463,707.	1	422,575.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disqua	lified persons (as defined			
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
◄	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		463,707.	16	422,575.
	17	Accounts payable and accrued expenses			17	
	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 for				
Liabilities		trustee, key employee, creator or founder, subs				
Lial		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line	, ,		05	
	06			0.	25	0.
	26		ook horo	0.	26	
es		Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions			27	
Bali	28	Net assets with donor restrictions			28	
lpu	20	Organizations that do not follow FASB ASC			20	
Ρu		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	3	0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or e		0.	30	0.
As	31	Retained earnings, endowment, accumulated in		463,707.	31	422,575.
Vet	32	Total net assets or fund balances		463,707.	32	422,575.
~	33	Total liabilities and net assets/fund balances		463,707.	33	422,575.
				-		

Form	1990 (2022) FOOD FOR SOUL, INC.	83-143	4658	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	681	L,1	13.
2	Total expenses (must equal Part IX, column (A), line 25)	2			45.
3	Revenue less expenses. Subtract line 2 from line 1	3			32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	463	3,7	07.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
	column (B))	10	422	2,5	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

Department of the Treasury

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2022
Open to Public Inspection

OMB No. 1545-0047

L

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection				
Nam	e of t	the organizati	on						Employer	identi	fication number
				FOR SOUL,						3-14	434658
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	ıs.		
The o	organ	nization is not a	a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)( ⁻	1)(A)(i).			
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)					
3		A hospital or	a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
_		city, and state:									
5					ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
•						• 11 \					
8 9					(1)(A)(vi). (Complete Par		ad in aanii	upotion with o	land grant	ممالممد	
9					in <b>section 170(b)(1)(A)(</b> culture (see instructions).						;
		university:		grant college of agric			name, cit	y, and state o	r the colleg		
10	X		ion that norma	Ily receives (1) more	than 33 1/3% of its sup	nort from	contributio	ns members	hin fees a	nd aros	s receipts from
					ct to certain exceptions;						
					(less section 511 tax) fr						
				mplete Part III.)	(			,	5		,
11					ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purpo	ses of one or
		more publicly	/ supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check t	he box on
		_lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.		
а		_ <b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	support	ing
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving	
			•		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		7 7		t complete Part IV,							
с			-		g organization operated				Illy integrat	ed with	,
			•		s). You must complete I			-		,	
d					oorting organization oper						
			-		zation generally must sa nplete Part IV, Sections	-		-	d an attent	iveness	3
•		- ·	,	,	written determination fro		•				
е	L		0		nally integrated support			а турет, туре	п, туре п		
f	Ente			••							
g				about the supporte						· L	
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) /	Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	suppor	t (see instructions)
<u>Tota</u>											

	A (Form 990) 2022
Part II	Support Sch

τΠ	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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and <b>stor</b>				·····		
Se	ction C. Computation of Publ						
14	Public support percentage for 2022 (	line 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ו			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support	/ I I			_		
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")		390,174.	459,696.	946,172.	681,113.	2,477,155.
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		390,174.	459,696.	946,172.	681,113.	2,477,155.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ſ					0.
t	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						0.
	Add lines 7a and 7b	1					0.
	Public support. (Subtract line 7c from line 6.)						2,477,155.
	ction B. Total Support						_/_/
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010	(b) 2019 390,174.	(c) 2020 459,696.	946,172.	(e)2022 681,113.	2,477,155.
	Gross income from interest,	1	,			, .	, , -
	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		390,174.	459,696.	946,172.	681,113.	2,477,155.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here	-			-		X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom					
17	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	<ul> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line 17</li> <li>Investment income percentage from 2021 Schedule A, Part III, line</li></ul>						
	more than 33 1/3%, check this box a	-					
k	<b>33 1/3% support tests - 2021.</b> If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The organ	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions	

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax yea
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C.	Type II	Supporting	Organizations	

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

 Section D. All Type III Supporting Organizations
 1
 1
 1
 1
 1

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

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

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

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must	-		Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

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

Schedule A (Form 990) 2022

FOOD FOR SOUL, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

c Excess from 2020 d Excess from 2021 e Excess from 2022

5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				

FOOD FOR SOUL, INC.

83-1434658 Page 7

Schedule A (Form 990) 2022

1

2 3

4

**Current Year** 

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Schedule A (Form 990) 2022

Section D - Distributions

1 2

3 4

232027 12-09-22

Schedule A	. (Form 990) 2022	FOOD FOR	SOUL,	INC.	83-1434658 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Parl	5a, 6, 9a, 9 IV, Section	b, 9c, 11a, 11b, and 11c; E, lines 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, Id 3b; Part V, line 1; Part V, Section B, line 1e; Part V, te this part for any additional information.

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		Inspection
Name of the organization	l				Employer	identification number
FOOD FOR SOUL					83-14	
		Activities Out	tside the United States. Comple	ete if the organ	ization answ	vered "Yes" on
	Part IV, line 14b.	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance	
			the selection criteria used to award the			X Yes 🗌 No
2 For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistan	nce outside the
3 Activities per Regio	on. (The following Parl	t I, line 3 table ca	an be duplicated if additional space is r	needed.)		
<b>(a)</b> Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in ( gram service specific typ (s) in the reg	e, expenditures for and investments
2 a Subtotol	0	0				0.
<b>3 a</b> Subtotal <b>b</b> Total from continua						0.
sheets to Part I		C				0.
c Totals (add lines 3						
and 3b)		0				0.

**Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

2022

SCHEDULE F (Form 990)

232072 10-17-22

1

Schedule F (Form 990) 2022	FOOD	FOR	SOUL,	INC.

(b) IRS code section

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

(d) Purpose of

(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
			FUNDING FOR					
			REFETTORIO MERIDA		ELECTRONIC			
		YUCATAN MEXICO	PROJECT		TRANSFER	0.		
				10,000.				
			FUNDING FOR					
			REFETTORIO		ELECTRONIC			
		RIO DE JANEIRO	GASTROMOTIVA PROJECT	10,000.	TRANSFER	Ο.		
					uivalency letter	🟲 .		22
3 Enter total number of	other organizations of	or entities				<b>&gt;</b>	<u> </u>	
	Schedule F (Form 990) 2022							

(f) Manner of

(g) Amount of

(h) Description

(i) Method of

# 83-1434658 FOOD FOR SOUL, INC. Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F	(Form 990)	2022

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

Schedule F (Form 990) 2022

#### Part V Supplemental Information

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


SCHEDULE I (Form 990)       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.         Department of the Treasury Internal Revenue Service       Attach to Form 990.											
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection				
Name of the organization FOOD FOR	SOUL, INC	2.					Employer identification number $83-1434658$				
Part I General Information on Grants	and Assistance										
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>											
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any				
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance				
FARMING HOPE 77 VAN NESS AVENUE #101-1613 SAN FRANCISO, CA 94102	83-2393341	501(C)(3)	20,615.	0.			PROVIDE FUNDING FOR ONGOING PROGRAM SUPPORT THAT INCLUDES FOOD ASSISTANCE, PAYING FOR				
THE HISTORIC EMANUEL AME CHURCH 37 W 119TH ST NEW YORK, NY 10026	26-1625373	501(C)(4)	0.	278,708.	FMV	PROJECT MATERIAL AND LABOR FOR REFETTORIO.	FUNDING FOR REFETTORIO HARLEM PROJECT.				
				,							
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>			he line 1 table				<u>1.</u> 1.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 FOOD

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FARMING HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FUNDING FOR ONGOING PROGRAM

SUPPORT THAT INCLUDES FOOD ASSISTANCE, PAYING FOR BOTH THE COST OF THE

REFETTORIO MEAL AND DISTRIBUTION TO THOSE IN NEED.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



83-1434658

FOOD FOR SOUL, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR GUESTS, PEOPLE IN NEED AND IN VULNERABLE CONDITIONS, CAN FEEL

WELCOMED AND INSPIRED - OUR REFETTORIOS ARE SPACES FOR EVERYONE,

BECAUSE THE DOORS ARE ALWAYS OPEN. CHEFS ARE INVITED TO TRANSFORM

SURPLUS FOOD, OTHERWISE WASTED, INTO NUTRITIOUS AND HEALTHY MEALS.

THEIR CREATIVITY AND EXPERTISE ARE ESSENTIAL TO TURN DISCARDED OR

ORDINARY INGREDIENTS INTO SOMETHING EXTRAORDINARY. VOLUNTEERS ARE

INVITED TO SERVE GUESTS AT THE TABLE, TO CALL THEM BY THEIR NAMES, TO

CREATE HUMAN CONTACTS. DESIGNERS AND ARTISTS TURN NEGLECTED SPACES

INTO INSPIRING HUBS FULL OF ART, DESIGN AND BEAUTY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPEN. CHEFS ARE INVITED TO TRANSFORM SURPLUS FOOD, OTHERWISE WASTED, INTO NUTRITIOUS AND HEALTHY MEALS. THEIR CREATIVITY AND EXPERTISE ARE ESSENTIAL TO TURN DISCARDED OR ORDINARY INGREDIENTS INTO SOMETHING EXTRAORDINARY. VOLUNTEERS ARE INVITED TO SERVE GUESTS AT THE TABLE, TO CALL THEM BY THEIR NAMES, TO CREATE HUMAN CONTACTS. DESIGNERS AND ARTISTS TURN NEGLECTED SPACES INTO INSPIRING HUBS FULL OF ART, DESIGN AND BEAUTY.

FORM	1990,	PART	VI,	SECTION B	, LINI	E 11B:						
THE	ORGAN	IZATI	ON'S	GOVERNING	BODY	REVIEWS	THE	990	AND	RESOLVES	ANY	
QUES	STIONS	BEFO	RE FI	ILING.								

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

THE ORGANIZATION ASSESSES EMPLOYMENT ROLES AND CORRESPONDING SALARY AND

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Name of the organization FOOD FOR SOUL, INC.	Employer identification number 83-1434658
BENEFIT RANGES FOR THE USA AND NORTHEAST REGIONAL TERRITO	RIES ANNUALLY;
UTILIZING INDEPENDENT STUDIES AND PUBLIC PAYROLL DATA AC	ROSS COMPARABLE
INDUSTRIES AND SECTORS. A CASE STUDY OF ALL EXISTING OR	PROPOSED ROLES,
INCLUDING TOP MANAGEMENT, WAS COMPLETED IN 2021 BY A GROU	P OF MORGAN
STANLEY VOLUNTEER ANALYSTS AND THEN CROSS REFERENCED AND	UPDATED IN
NOVEMBER 2022 USING THE ORGANIZATIONS PAYROLL COMPANIES S	ALARY ASSESSMENT
TOOLS THROUGH INDEED. THE ORGANIZATION CONTINUES TO COMP	ARE THE SALARY AND
BENEFITS FOR ALL EMPLOYMENT ROLES USING INDUSTRY TOOLS AN	D BENEFIT
BENCHMARKS. THE ORGANIZATION HAS ALSO IDENTIFIED PROFESSI	ONAL GROWTH GOALS
AND SUSTAINABLE FUND STRATEGIES TO INCREASE EMPLOYEE SALA	RY RANGES,
IMPROVING EMPLOYEE RETENTION AND THE ABILITY TO SECURE TA	LENTED
PROFESSIONALS.	

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organiz	zation FOOD FOR SOUL						nployeriden 83-143		umber		
Part I Identific	ation of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.							
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inc	(e) ome End-of-year	assets	Direc	<b>(f)</b> ct controlling entity	g		
		_									
		-									
		-									
Part II Identific organiza	ation of Related Tax-Exempt Organia tions during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	e related tax-	exempt			
	(a) ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	Direo	<b>(f)</b> ct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?		
					501(c)(3))			Yes	No		
RUA MURO 85	DNLUS / TAX CODE:94184720368	DEVELOPMENT OF COMMUNITY-BASED PROJECTS,		E01(a)(2)					v		
, MODENA, ITALY	41121	ADVOCACY CAMPAIGNS AND	ITALY	501(C)(3)		N/A			X		
		_									

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

OMB No. 1545-0047

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

(a)	(b)	(c)	(d)	(	e)	(†	f)	(9	a)	()	ר)	(i)		(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	inco	of total ome	Share of end-of-year assets		end-of-year				end-of-yea		1	ations? 20 of Sc		ox ⁿ Iule	nanagin partner?	
		country)		sections	512-514)					Yes	No	K-1 (Form 10	)65) <b>Y</b>	es No	)						
IV Identification of Related O organizations treated as a c	rganizations Taxable orporation or trust duri	as a Corpo	<b>pration or Trust.</b> C year.	omplete if th	ne organizat	ion answ	ered "Yes	on For	m 990, P	art IV,	line 34	1, because it h	nad or	ne or n	nore rela [.]						
(a)			(b)	(c)	(d)		(e)		(f)	)		(g)	(	(h)	(i) Sectio						
Name, address, and of related organizati		Prim		egal domicile (state or foreign country)	Direct cont entity		Type of e (C corp, S or true	entity S corp,	Share o inco	of total		Share of end-of-year assets	Perc	entage ership	512(b)						

Yes

No

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) FOOD FOR SOUL ONLUS	С	254,864.	CASH
_(3)			
_(4)			
_(5)			
_(6)			

# Schedule R (Form 990) 2022 FOOD FOR SOUL, INC.

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

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

	(h)		دم <i>ا</i> (ما)			(4)	(m)	(h)		(1)	(j)		(14)	
(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.	) all	(f)	(g)		י	(i)	ູບ	<b>'</b>	(k)	
Name, address, and EIN	Primary activity	Legal domicile	(related unrelated	partners	Sec.	Share of	Share of	Dispr	opor- nate	U006 V-UBI	Gener mana	aina	Percentage	
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.	?	total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownership	
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes	NO		
					_									
					_									
				$\vdash$				<u> </u>						
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Schedule R (Form 990) 2022

Part VII Supplemental Information

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

### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

### NAME OF RELATED ORGANIZATION:

#### FOOD FOR SOUL ONLUS / TAX CODE:94184720368

# PRIMARY ACTIVITY: DEVELOPMENT OF COMMUNITY-BASED PROJECTS, ADVOCACY

#### CAMPAIGNS AND PROGRAMS.