3064 10/07/2023 10:19 AM Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

| A | For the | e 2022 d | alendar yea | r, or tax yea | ar beginning | , aı | nd ending | | | | | | |
|---------------|--------------|------------------------|--|--------------------|--|---|-----------------------------|----------|--------------------|-------------------------|---|--------------------------------|----------|
| В | Check if a | applicable: | C Name of org | ganization | | | | | | D Emplo | yer identifi | cation number | |
| X | Address o | change | | | Better Fo | od Foundatio | on, Inc. | | | | | | |
| | Name cha | ange | Doing busin | | | | | | | | 4537 | | _ |
| Ħ | Initial retu | ım | | ` . | oox if mail is not delivered rs Rd Box | | | | Room/suite | | one number | -4640 | |
| ╡ | Final retur | | | | e, country, and ZIP or f | | | | | <u> </u> | | | _ |
| 닉 | terminated | t | Julia | n | | CA 92036 | | | | G Gross | receipts\$ | 2,110,436 | 5 |
| | Amended | l return | | address of princip | pal officer: | <u> </u> | | | | 0 0.00 | Ιστορίο ψ | | _ |
| | Application | n pending | Jenn | ifer C | hannin | | | | H(a) Is this a gro | oup return fo | or subordinat | tes? Yes X N | lo |
| | | | | | eers Rd E | 3ox 1510 | | | H(b) Are all sub | ordinates ir | ncluded? | Yes N | lo |
| | | | Julia | _ | | CA 920 | 036 | | If "No," | attach a li | st. See instr | ructions | |
| ı | Tax-exem | npt status: | X 501 | (c)(3) | 501(c) () (in | nsert no.) 49 | 47(a)(1) or 527 | | | | | | |
| J | Website: | · V | | | dfoundati | on.org | | | H(c) Group exer | mption num | nber | | |
| ĸ | Form of o | organization | : X Corpor | ration Tru: | st Association | Other | | L Yea | r of formation: 2 | | | ate of legal domicile: $f U$: | T |
| P | art I | Sı | ummary | | | . , | | | | | | - | |
| | 1 E | Briefly de | escribe the o | rganization's | mission or most s | significant activities: | | | | | | | _ |
| Ф | | To p | promote | dietary | changes to | o build a he | althy, equit | able, | humane, | and | | | |
| anc | l . | envi | ronment | ally-sus | tainable f | ood system. | | | | | | | |
| Governance | l . | | | | | | | | | | | | |
| 36 | 2 (| Check th | is box 🔲 i | f the organiz | ation discontinued | its operations or dis | posed of more than 2 | 5% of it | s net assets. | | | | |
| ∞ ∞ | 3 1 | Number | of voting mer | mbers of the | governing body (F | Part VI, line 1a) | | | | . 3 | | | _ |
| es | 4 1 | Number | of independe | nt voting me | mbers of the gove | erning body (Part VI, | line 1b) | | | . 4 | | | _ |
| Activities | 5 7 | Total nur | nber of indivi | duals employ | ed in calendar ye | ar 2022 (Part V, line | 2a) | | | . 5 | | | _ |
| Act | 6 7 | Total nur | mber of volur | nteers (estima | ate if necessary) . | | | | | . 6 | 3 | | _ |
| | 1 | | | | from Part VIII, colo | | | | | | 1 | (| |
| | 1 d | Net unre | lated busines | s taxable inc | come from Form 9 | 90-T, Part I, line 11. | | <u> </u> | | |) | (| <u>)</u> |
| | | 0 | | . (D. () (III | P 413 | | | | Prior Yes 1 , 62' | | <u>. </u> | Current Year 2,108,584 | _ |
| ne | 8 (| Contribut | ions and gra | nts (Part VIII | , line 1n) | | | | 1,02 | , <u>, , , , .</u> 2 | _ | 1,525 | |
| Revenue | 40 | Program | service revel | nue (Part VII | I, line ∠g) | 7d\ | | ├ | | 1,63 | | 327 | |
| Re | | | | | | | | | | L , 03. | - | <u> </u> | <u>′</u> |
| | | | | | | | , line 12) | | 1,62 | 5 51' | 7 | 2,110,436 | <u>-</u> |
| | | | | | Part IX, column (<i>F</i> | () () () () | | | | 2,89 | | 851,359 | _ |
| | | | | | Part IX, column (A) | line 4) | | | , , , | 2,0 0. | - | 001,000 | 'n |
| | a= a | | | | | | nes 5–10) | | 479 | 9,609 | 9 | 500,356 | ź |
| xpenses | 162 | Dalarics, Professio | nal fundraisir | na fees (Part | IX column (Δ) li | art IX, column (A), III ne 11e) e 25) | 103 0 10) | … ├─ | | , , , , | | | 0 |
| en | h 7 | Total fun | draisina eyne | enses (Part I | X column (D) line | e 25) | 18,607 | | | | | • | Í |
| Ä | 1 | | | | (A), lines 11a–11d | 445 04-1 | | | 43 | 3,34 | 5 | 618,169 | _) |
| | | | | | | | 5) | | 1,66 | | | 1,969,884 | |
| | 19 F | | | | line 18 from line 1 | | -, | ··· | | 0,33 | | 140,552 | |
| Net Assets or | 3 | | | | | | | ··· | Beginning of Cu | rent Year | | End of Year | |
| Sets | 20 ⊺ | Total ass | ets (Part X, I | line 16) | | | | L | | 1,04 | | 562,909 | |
| ¥ E | 21 7 | Total liab | ilities (Part X | , line 26) | | | | _ | | 2,99 | _ | 94,301 | |
| Žį | 22 1 | | | | ract line 21 from li | ne 20 | | | 32 | 8,05 | 6 | 468,608 | <u>3</u> |
| P | art II | Si | gnature E | Block | | | | | | | | | _ |
| | | | | | | | nying schedules and sta | | | | nowledge | and belief, it is | |
| tr | ue, corre | ect, and c | omplete. Deci | aration of prep | parer (other than on | icer) is based on all in | formation of which prepared | arer nas | any knowledge |). | | | _ |
| ٠. | | 0: | | | | | | | | | | | _ |
| Siç | - | | of officer | <i>α</i> 1 | | | T | | J | Da | ate | | |
| He | re | | | <u>Channi</u> | n | | Executiv | e ע | irector | - | | | _ |
| | | | orint name and tit e preparer's nam | | | Preparer's signature | | | Date | T | 🗀 | PTIN | _ |
| Pai | d | 1 | | | | 1 ' | | | | Che | ш | | |
| | parer | | ın T. Howe | | ייים דודם | Shalaun T. Ho | Well, CPA | | <u> </u> | /23 self- | | P00969274 6-0952065 | _ |
| | Only | Firm's na | ime | | | ADVISORS WEST, SU | TTE 201 | | F | irm's EIN | 4 | 0-0354005 | - |
| | - U.II.y | | | BOUNT | | 84010-740 | | | | | gΛ. | 1-294-3155 | = |
| Mar | the IP | Firm's ac | | | | e? See instructions | ,,, | | P | hone no. | 30. | X Yes No | _ |
| | | | | | senarate instruction | | | | | | | | |

| Part III | Statement of Program Service A | | 44. 5 | [▼] |
|------------------|---|-------------------------------------|---|----------------------|
| | Check if Schedule O contains a res | ponse or note to any line in | this Part III | X |
| | escribe the organization's mission: | o build a bealth | v equitable hum | nane and |
| envir | omote dietary changes t onmentally-sustainable | faad | | |
| <u> </u> | | 200a Dybecan | | |
| | | | | |
| 2 Did the | rganization undertake any significant program | services during the year which were | e not listed on the | <u> </u> |
| prior Fo | m 990 or 990-EZ? | | | Yes X No |
| - | describe these new services on Schedule O. | | | |
| | organization cease conducting, or make signific | ant changes in how it conducts, an | y program | □, |
| services | describe these changes on Schedule O. | | | Yes X No |
| • | the organization's program service accomplish | ments for each of its three largest | program services as measured by | V |
| | s. Section 501(c)(3) and 501(c)(4) organization | | • | • |
| | expenses, and revenue, if any, for each progra | | v | , |
| | | | | |
| 4a (Code: |) (Expenses \$ 778,8 | 14 including grants of \$ | 747,915) (Revenue | \$ 1,525 |
| Moveme | nt Building ling financial, technic | | | 13113 4111 1 1 1 1 4 |
| Provid | ing financial, technic | al, and consulting | g support to inc | lividuals and |
| or gair. | zations whose goals al | | | |
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| 41 (0.1 | | <u> </u> | 102 444 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 4b (Code: Defau |) (Expenses \$ 630,5 | including grants of \$ | 103,444) (Revenue | ; \$ |
| | ing the public about t | he many benefits | of, and providir | ng resources |
| | plementing, vegan or v | | | |
| | gnaceg | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| 4c (Code: |) (Expenses \$ 327,6 | 36 including grants of \$ |) (Revenue | |
| Public | Education | | | |
| Engag: | ng the public with inf | ormation and reso | ources about the | benefits of a |
| plant | based diet for animals | , justice, enviro | onment and indivi | dual health. |
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| | | | | |
| • | | | | |
| 4d Other pr | ogram services (Describe on Schedule O.) | | | |
| (Expens | es \$ 168,181 including g | |) (Revenue \$ |) |
| 4e Total pro | gram service expenses 1 - 9 | 05.196 | | |

| | | | 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 | | | |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | Λ | |
| 3 | assessments or similar amounts as defined in Day, Dree 00 403 ff "Vee " complete School de C. Darf 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | 3.7 | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | 445 | | |
| _ | 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 | 11c | | x |
| d | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | - 22 |
| u | reported in Part V. line 162 If "Ves." complete Schedule D. Part IV | 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 | 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | 3.7 | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 40 | | |
| 47 | 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 | 17 | | x |
| 18 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | '' | | _^ |
| 10 | Dest VIII France As and 0-0 K IV/cs II security Cohestule O. Dest II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | |
| | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |

| | | | Yes | No |
|-----|--|----------|----------|--------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 1.00 | 110 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 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 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 07 | 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 | 1 27 | | \mathbf{x} |
| 20 | persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 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? <i>If</i> | | | |
| a | "Voe " complete Calcalide I. Dort IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 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 | | l | |
| _ | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | <u> </u> | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15 | \dashv | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | I | I |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ıed) | | | 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 | 8 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| 3a | | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other auth | - | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, | count) | ? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc | ounts | FBAR). | | | |
| 5a | | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | 1? | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | 6 | | |
| 7 | gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(s) | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | do | | | | |
| а | معرضه والمعرض | | | 7a | | Х |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 10 | | |
| · | | | | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 10 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri | $\overline{}$ | | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | • | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | _ | | |
| 11 | Section 501(c)(12) organizations. Enter: | | 1 | | | |
| а | | 11a | | 4 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them.) | 11b | | - | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | Ι. | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 4 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 126 | | | | |
| _ | the organization is licensed to issue qualified health plans | 13b 13c | | - | | |
| C 1/12 | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х |
| 14a h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C | | | 14a | | -22 |
| b 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | | | 140 | | |
| | | | | 15 | | х |
| | excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment inc | ome? | | 16 | | х |
| - | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activitie | s | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes." complete Form 6069. | | | | | |

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. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI

| <u> </u> | tion A. Governing Body and Management | | | | | |
|------------|--|-----------|------------------|------|-----|----|
| | | | 2 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 3 | _ | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain on Schedule O. | | _ | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 3 | _ | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | | | | 3 | | X |
| 4 | · | | | 4 | | X |
| 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 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | stockholders, or persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | by the f | ollowing: | | | |
| а | The governing body? | | | 8a | X | |
| 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 |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Inte | rnal R | <u>evenue Co</u> | de.) | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | e form? | | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | o conflic | ts? | 12b | Х | |
| 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 | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | |
| b | Other officers or key employees of the organization | | | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | |
| | with a taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed UT | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and 6104 requi | ion 501 | c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | t policy, | | | | |
| | and financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | 3 | | | | |
| В | ountiful Peak Advisors 1564 S 500 W Ste 201 | | | | | |

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 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.

 <u>See</u> the instructions for the order in which to list the persons above.

| Check this box if neither the orga | nization nor any | relat | ed o | rgani | izatic | n co | mpe | nsated any current officer, of | director, or trustee. | |
|------------------------------------|--|-------|---|------------------------|--------|--------|-----------|---|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | bo | lo not ox, unle ficer a Institutional trustee | Pos check ess pe | rson i | s both | an ee) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Jennifer Channin | 60.00 | | | х | | | | 91,188 | 0 | 0 |
| (2) Aaron Gross | 10.00 | x | | x | | | | 0 | 0 | 0 |
| (3) Ben Goldsmith Secretary | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (4) DeeDee McKee | 3.00 | X | | x | | | | 0 | 0 | 0 |
| Treasurer (5) | 0.00 | | | ^ | | | | 0 | 0 | 0 |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

| Pa | rt VII Section A. Officers | , Directors, Trus | stees | s, Ke | ey E | mplo | yees | s, ar | nd Highest Compensated | Employees (continued) | | | | |
|-----------|--|---|--------------------------------|-----------------------|------------------------|--------------|-------------------------------|--------|---|--|----|--|-------------|----------|
| | (A) Name and title | (B) Average hours per week | bo | x, unl | Pos check ess pe | erson i | than o s both or/truste | an | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) timated a of othe | er | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | or | from the ganization and organization organiz | ne n and | : |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | 01 100 | | | | | |
| 1b c | Subtotal Total from continuation shee | | | | | | | | 91,188 | | | | | |
| d 2 | - | cluding but not lim | | | | | | | 91,188 who received more than \$1 | 00,000 of | | | | |
| 3 | Did the organization list any for employee on line 1a? If "Yes," | complete Schedu | ıle J | for s | such | indiv | idual | | | | | 3 | Yes | No X |
| 4 5 | For any individual listed on line organization and related organi individual Did any person listed on line 1a | izations greater t | han | \$150 | ,000 | ? If " | Yes, | " cor | mplete Schedule J for such | | | 4 | | x |
| _ | for services rendered to the organization | | es," c | omp | lete 3 | Sche | dule | J fo | r such person | | | 5 | | Х |
| Sect 1 | ion B. Independent Contracto Complete this table for your five compensation from the organize | e highest compe | | | | | | | | | | | | |
| | | (A) d business address | проп | oauo | 11 101 | 1110 | ouioi | laai | | (B) tion of services | | Ca | (C) | on . |
| | | . Data 1860 data 660 | | | | | | | Боскр | aur di comicco | | | . por local | <u> </u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent or | | | | | | | ose | listed above) who | | | | | |
| | received more than \$100,000 c | of compensation | from | the | orga | nizat | ion | | | 0 | | | | |

Form 990 (2022) Better Food Foundation, Inc. Part VIII Statement of Revenue

| | | Check if | Sche | edule O conta | ains a | respon | se or note t | to any line in this | Part VIII | | |
|--|------------|--|----------|------------------|---------------|--------|---------------|----------------------|--|--------------------------------------|--|
| | | | | | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| S S | 1a | Federated camp | ainns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership due | | | 1b | | | | | | |
| פֿ פֿ | C | Fundraising ever | nte | | 1c | | | | | | |
| ifts, Ir A | | Related organiza | 4:000 | | 1d | | | | | | |
| nig G | | Government grants (co | | | 1e | | | | | | |
| ons, Sir | | All other contributions, | | | 16 | | | | | | |
| utic Jer | | and similar amounts no | | | 1f | 2 | ,108,584 | | | | |
| ള | g | Noncash contributions i | | | 1g | ¢. | 9,005 | | | | |
| ou | | ines 1a-1f Total. Add lines | | | | | | 2,108,584 | | | |
| o o | <u>n</u> | Total. Add lines | та-п | | | | | 2,100,304 | | | |
| | 0- | | | | | | Business Code | 1 525 | 1 525 | | |
| ЙČе | 2a | Other Inco | me | | | | 900099 | 1,525 | 1,525 | | |
| Program Service Revenue | b | | | | | | | | | | |
| E SE | C | | | | | | | | | | |
| Sea Rea | d | | | | | | | | | | |
| P | e | | | | | | | | | | |
| | | All other program | | | | | | 1 505 | | | |
| | | Total. Add lines | | | | | | 1,525 | Т | 1 | |
| | 3 | Investment incom | • | - | | | | 205 | | | 205 |
| | _ | other similar amo | | | | | | 327 | | | 327 |
| | 4 | Income from inve | | • | | | | | | | |
| | 5 | Royalties | | | | | | | | | |
| | | _ | | (i) Real | | (ii) | Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | С | Rental inc. or (loss) | 6с | | | | | | | | |
| | d 7a | Net rental income Gross amount from | e or (lo | • | | | | | | | |
| | <i>.</i> u | sales of assets | | (i) Securities | 3 | (i | i) Other | | | | |
| | | other than inventory | 7a | | | | | | | | |
| ıne | b | Less: cost or other | | | | | | | | | |
| Revenue | | basis and sales exps. | 7b | | | | | | | | |
| Re | С | Gain or (loss) | 7с | | | | | | | | |
| Other | d | Net gain or (loss) | | | | | | | | | |
| ŏ | 8a | Gross income from | fundra | ising events | | | | | | | |
| | | (not including \$ | | | | | | | | | |
| | | of contributions rep | | n line | | | | | | | |
| | | 1c). See Part IV, lin | | | 8a | | | | | | |
| | b | Less: direct expe | | | 8b | | | | | | |
| | С | Net income or (lo | oss) fro | om fundraising e | vents . | | | | | | |
| | 9a | Gross income from | - | - | | | | | | | |
| | | activities. See Pa | | | 9a | | | | | | |
| | | Less: direct expe | | | 9b | | | | | | |
| | | Net income or (lo | | | it <u>ies</u> | | | | | | |
| | 10a | Gross sales of in | | | | | | | | | |
| | | returns and allow | | | 10a | | | | | | |
| | | Less: cost of good | | | 10b | | | | | | |
| | С | Net income or (lo | oss) fro | om sales of inve | ntory | | | | | | |
| က္အ | | | | | | | Business Code | | | | |
| eon | 11a | | | | | | | | | | |
| Miscellaneous Revenue | b | | | | | | | | | | |
| Sev. | С | | | | | | | | | | |
| Mis | d | All other revenue | | | | | | | | | |
| | е | Total. Add lines | 11a–1 | 1d | | | | | | | |
| | 12 | Total revenue. | See in | structions | | | | 2,110,436 | 1,525 | 0 | 327 |

Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon | | | ete column (A). | X |
|----------|--|-----------------------|------------------------------|-------------------------------------|--------------------------|
| | not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 558,859 | 558,859 | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 117,500 | 117,500 | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 175,000 | 175,000 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 92,141 | 65,743 | 12,405 | 13,993 |
| 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 | 371,957 | 371,634 | 323 | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 26 050 | 24 125 | 1 006 | 1 000 |
| 10 | Payroll taxes | 36,258 | 34,135 | 1,026 | 1,097 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 1 645 | 620 | 1 015 | |
| b | <u> </u> | 1,645 | 630 | 1,015 | |
| С | Accounting | 19,118 | | 19,118 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | , , | 240 650 | 220 150 | 2 500 | |
| | (A) amount, list line 11g expenses on Schedule O.) | 240,650 | 238,150 | 2,500 | |
| 12 | Advertising and promotion | 88,722 | 88,661 | 61 | 224 |
| 13 | Office expenses | 10,532 | 9,754 | 1 636 | 334 430 |
| 14 | Information technology | 194,393 | 192,327 | 1,636 | 430 |
| 15 | Royalties | 2,994 | 2,882 | 43 | 69 |
| 16 | Occupancy | 33,499 | 30,010 | 2,937 | 552 |
| 17 | Travel | 33,433 | 30,010 | 2,931 | 552 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 2,589 | 1,558 | 305 | 726 |
| 19 | Conferences, conventions, and meetings | 165 | 1,336 | 165 | 720 |
| 20 | Interest | 103 | | 105 | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 1,957 | 1,846 | 48 | 63 |
| 22 23 | | 3,532 | 2,141 | 1,318 | 73 |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | 3,332 | 2,111 | 1,310 | 7.5 |
| 24 | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Supplies | 9,559 | 8,362 | 592 | 605 |
| b | Food and beverage | 4,685 | 4,238 | 285 | 162 |
| C | License and dues | 2,515 | 1,342 | 671 | 502 |
| d | Miscellaneous | 846 | 394 | 451 | 1 |
| e | All other expenses | 768 | 30 | 738 | <u> </u> |
| 25 | · · · · · · · · · · · · · · · · · · · | 1,969,884 | 1,905,196 | 46,081 | 18,607 |
| 26 | Joint costs. Complete this line only if the | , , | , = = = , = = = | · , · · · - | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |
| = | | | | | 000 |

Form 990 (2022) Part X B

| Part | t X | Balance Sheet | | | | | |
|---------------|------------|--|-----------------|-------------|-------------------|---------|-------------|
| | | Check if Schedule O contains a response or note to | any line in t | this Part X | | <u></u> | |
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| 1 | 1 (| Cash—non-interest-bearing | | | 249,377 | 1 | 383,236 |
| 2 | 2 8 | Savings and temporary cash investments | | | 150,137 | 2 | 150,413 |
| 3 | 3 F | Pledges and grants receivable, net | | | | 3 | 20,000 |
| 4 | 4 A | Accounts receivable, net | | | | 4 | |
| 5 | 5 L | oans and other receivables from any current or former c | fficer, directo | or, | | | |
| | tı | rustee, key employee, creator or founder, substantial con | tributor, or 3 | 35% | | | |
| | С | controlled entity or family member of any of these persons | S | | | 5 | |
| 6 | 6 L | oans and other receivables from other disqualified perso | ns (as define | ed | | | |
| ts | U | under section 4958(f)(1)), and persons described in section | on 4958(c)(3 | s)(B) | | 6 | |
| Assets | 7 N | Notes and loans receivable, net | | | | 7 | |
| ₹ 8 | 8 li | nventories for sale or use | | | | 8 | |
| 9 | 9 F | Prepaid expenses and deferred charges | 4 | | 4,429 | 9 | 1,232 |
| 10 | | and, buildings, and equipment: cost or other | | | | | |
| | b | pasis. Complete Part VI of Schedule D | 10a | 11,948 | | | |
| | b L | Less: accumulated depreciation | 10b | 3,920 | 7,104 | 10c | 8,028 |
| 11 | 1 li | nvestments—publicly traded securities | | | | 11 | |
| 12 | 2 lı | nvestments—other securities. See Part IV, line 11 | | | | 12 | |
| 1: | 3 lı | nvestments—program-related. See Part IV, line 11 | | | 13 | | |
| 14 | | ntangible assets | | | | 14 | |
| 15 | 5 (| Other assets. See Part IV, line 11 | | | 15 | | |
| 10 | | Total assets. Add lines 1 through 15 (must equal line 33) | | | 411,047 | 16 | 562,909 |
| 17 | 7 A | Accounts payable and accrued expenses | | | 68,408 | 17 | 79,718 |
| 18 | | Grants payable | | | 14,583 | 18 | 14,583 |
| 19 | 9 E | Deferred revenue | | | | 19 | |
| 20 | 0 T | Fax-exempt bond liabilities | | | 20 | | |
| 2 | 1 E | Escrow or custodial account liability. Complete Part IV of | Schedule D | | | 21 | |
| ဖ္က 22 | 2 L | Loans and other payables to any current or former officer | director, | | | | |
| Liabilities | | rustee, key employee, creator or founder, substantial con | | | | | |
| iab | | controlled entity or family member of any of these persons | | | | 22 | |
| <u>ا</u> 2 | | Secured mortgages and notes payable to unrelated third | | | | 23 | |
| 24 | 4 (| Insecured notes and loans payable to unrelated third par | ties | | | 24 | |
| 2 | | Other liabilities (including federal income tax, payables to | | | | | |
| | | parties, and other liabilities not included on lines 17-24). C | Complete Par | rt X | | | |
| | | of Schedule D | | | | 25 | |
| 20 | | Total liabilities. Add lines 17 through 25 | | | 82,991 | 26 | 94,301 |
| | C | Organizations that follow FASB ASC 958, check here | X | | | | |
| Se | | and complete lines 27, 28, 32, and 33. | | | | | |
| Balances 25 | 7 N | Net assets without donor restrictions | | | 320,346 | 27 | 439,298 |
| 6 2 | | Net assets with donor restrictions | | <u>.</u> | 7,710 | 28 | 29,310 |
| Fund | | Organizations that do not follow FASB ASC 958, check |] | | | | |
| | | and complete lines 29 through 33. | | | | | |
| ο 29 σ | | | | | | 29 | |
|)S 36 | | Paid-in or capital surplus, or land, building, or equipment | | | | 30 | |
| Net Assets or | | Retained earnings, endowment, accumulated income, or | other funds | | 222 25 | 31 | 440 400 |
| | | | | | 328,056 | 32 | 468,608 |
| 3: | 3 T | Total liabilities and net assets/fund balances | | | 411,047 | 33 | 562,909 |

Form **990** (2022)

| Pa | art XI Reconciliation of Net Assets | | | | |
|----|---|---------|-----|-----|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | $oxedsymbol{oxed}$ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,1 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,9 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 552 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3: | 28, | 056 |
| 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 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 4 | 68, | 608 |
| Pa | art XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | 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 | X | |
| | 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 | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Better Food Foundation, Inc.

Employer identification number 81-4537521

| Pa | art I | Rease | on for Public Charity | Status. (All organizations | must co | omplete | this part.) See instruction | าร. | | | | | |
|------|-------|-------------------|--|--|-------------|--------------|-----------------------------------|--------------------|--|--|--|--|--|
| The | orgar | nization is not a | a private foundation because | it is: (For lines 1 through 12, che | ck only or | ne box.) | | | | | | | |
| 1 | | A church, cor | nvention of churches, or asso | ciation of churches described in | section 1 | 170(b)(1)(| A)(i). | | | | | | |
| 2 | | A school desc | cribed in section 170(b)(1)(A | A)(ii). (Attach Schedule E (Form | 990).) | | | | | | | | |
| 3 | | A hospital or | pital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | | A medical res | search organization operated | in conjunction with a hospital de | scribed in | section | 170(b)(1)(A)(iii). Enter the hosp | oital's name, | | | | | |
| | | city, and state | e: | | | | | | | | | | |
| 5 | | An organization | on operated for the benefit of | a college or university owned or | operated | by a gove | ernmental unit described in | | | | | | |
| | _ | section 170 | (b)(1)(A)(iv). (Complete Part | II.) | | | | | | | | | |
| 6 | Ш | A federal, sta | te, or local government or go | vernmental unit described in sec | tion 170 | (b)(1)(A)(v | /). | | | | | | |
| 7 | X | - | on that normally receives a susection 170(b)(1)(A)(vi). (Co | ubstantial part of its support from implete Part II.) | a govern | mental un | it or from the general public | | | | | | |
| 8 | | A community | nunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | |
| 9 | | - | ~ | ribed in section 170(b)(1)(A)(ix) agriculture (see instructions). En | | - | - | | | | | | |
| | _ | university: | | | | | | | | | | | |
| 10 | | • | • | more than 33 1/3% of its suppor | | | | | | | | | |
| | | | · | t functions, subject to certain exc | | | | | | | | | |
| | | • • | • | I unrelated business taxable inco 1975. See section 509(a)(2). | , | | 11 tax) from businesses | | | | | | |
| 11 | П | . , | • | clusively to test for public safety | • | , | (a)(4) | | | | | | |
| 12 | H | J | • | clusively for the benefit of, to pe | | | ,,,, | of | | | | | |
| - | ш | - | • | ns described in section 509(a)(| | | | | | | | | |
| | | the box on lin | es 12a through 12d that desc | cribes the type of supporting orga | nization a | nd compl | ete lines 12e, 12f, and 12g. | | | | | | |
| | а | Type I. A | supporting organization oper | rated, supervised, or controlled b | y its supp | orted orga | anization(s), typically by giving | | | | | | |
| | | | • ., . | er to regularly appoint or elect a | | the direc | tors or trustees of the | | | | | | |
| | | _ `` ` | • | mplete Part IV, Sections A and | | | | | | | | | |
| | b | | | ervised or controlled in connection | | | | | | | | | |
| | | | management of the supportion(s). You must complete I | ng organization vested in the sar Part IV. Sections A and C. | ne person | is that coi | ntrol or manage the supported | | | | | | |
| | С | Type III 1 | functionally integrated. A si | upporting organization operated in ructions). You must complete P | | | | | | | | | |
| | d | _ · · | • ,,, | . A supporting organization opera | | | |) | | | | | |
| | | that is no | t functionally integrated. The | organization generally must satis | fy a distri | bution red | quirement and an attentiveness | , | | | | | |
| | _ | _ ` | , | ust complete Part IV, Sections | | | | | | | | | |
| | е | | | ved a written determination from -functionally integrated supporting | | | туре і, туре іі, туре ііі | | | | | | |
| | f | Enter the nun | nber of supported organizatio | ns | | | | | | | | | |
| | g | Provide the fo | ollowing information about the | supported organization(s). | | | | | | | | | |
| (i |) Nam | e of supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of | | | | | |
| | org | ganization | | (described on lines 1–10 above (see instructions)) | | ur governing | support (see | other support (see | | | | | |
| | | | | above (see instructions)) | Yes | ment? | instructions) | instructions) | | | | | |
| (A) | | | | | 163 | 140 | | | | | | | |
| (A) | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| (-) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Tota | I | | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | , , | | · • | • | , | |
|------------------|--|------------------------|---------------------|----------------------------|---------------------------|-----------|-----------|
| Caler | 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.") | 517,905 | 981,214 | 1,332,762 | 1,627,119 | 2,108,584 | 6,567,584 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 5 | Total. Add lines 1 through 3 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 | 517,905 | 981,214 | 1,332,762 | 1,627,119 | 2,108,584 | 6,567,584 |
| _ | shown on line 11, column (f) | | | | | | 3,776,834 |
| <u>6</u> | Public support. Subtract line 5 from line 4 tion B. Total Support | | | | | | 2,790,750 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 517,905 | 981,214 | 1,332,762 | 1,627,119 | 2,108,584 | 6,567,584 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 317,903 | 901,214 | 1,332,702 | 1,027,119 | 327 | 464 |
| 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 | | | | | | 6,568,048 |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | | | 12 | 1,554 |
| 13 | First 5 years. If the Form 990 is for the org organization, check this box and stop here tion C. Computation of Public Su | | | | | | |
| <u>360</u> 14 | Public support percentage for 2022 (line 6, or | | | f\\ | | 14 | 42.49 % |
| 15 | Public support percentage for 2022 (line 6, 0 | | | ''' | | 15 | 18.99 % |
| | 33 1/3% support test—2022. If the organiz | * * | | and line 14 is 33 1 | | | 10.99 /0 |
| | box and stop here. The organization qualifi | | | • | | | X |
| b | 33 1/3% support test—2021. If the organiz | | | | | check | |
| | this box and stop here. The organization qu | | | | • | | |
| 17a | 10%-facts-and-circumstances test—202 | | | | | | |
| | 10% or more, and if the organization meets | the facts-and-circuit | mstances test, che | ck this box and sto | p here. Explain in | | |
| | Part VI how the organization meets the fact organization | | • | · | | | П |
| b | 10%-facts-and-circumstances test—202 | 1. If the organization | n did not check a b | ox on line 13, 16a, | 16b, or 17a, and lir | ne | |
| | 15 is 10% or more, and if the organization r | meets the facts-and | -circumstances test | t, check this box an | d stop here. Expla | ain | |
| | in Part VI how the organization meets the forganization | | • | · | | | |
| 18 | Private foundation. If the organization did instructions | not check a box on | line 13, 16a, 16b, | 17a, or 17b, check | this box and see | | |

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

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

| Sec | tion A. Public Support | quamy arraor a | | ус.с., р.сасс с | | · <i>/</i> | | |
|--------|--|------------------------|-----------------------|----------------------|----------------------|-----------------|----|-----------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | ,, |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| с 8 | Add lines 7a and 7b Public support. (Subtract line 7c from | | | | | | | |
| Sac | tion B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | | (f) Total |
| 9 | Amounts from line 6 | (a) 2010 | (5) 2013 | (6) 2020 | (a) 2021 | (6) 2022 | - | (i) Total |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop here | ganization's first, se | | or fifth tax year as | | | | |
| Sec | tion C. Computation of Public Su | upport Percent | tage | | | | | |
| 15 | Public support percentage for 2022 (line 8, | column (f), divided | by line 13, column | (f)) | | | 15 | % |
| 16 | Public support percentage from 2021 Sched | dule A, Part III, line | 15 | | | | 16 | % |
| Sec | tion D. Computation of Investme | | | | | Т | | |
| 17 | Investment income percentage for 2022 (lin | | | column (f)) | | | 17 | <u>%</u> |
| 18 | Investment income percentage from 2021 | | | | | | 18 | %_ |
| 19a | 33 1/3% support tests—2022. If the organ | | | | | | | |
| | 17 is not more than 33 1/3%, check this box | | - | | | | | Ц |
| b | 33 1/3% support tests—2021. If the organ | | | | | | | |
| 20 | line 18 is not more than 33 1/3%, check this | | - | | | | | |
| 20 | Private foundation. If the organization did | not check a box of | 1 iiiie 14, 19a, or 1 | SU, CHECK THIS DOX 8 | and see instructions | | | |

Part IV Supporting Organizations

(Complete only if you checked a box on 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

- 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.
- 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.
- 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.)

| | | V | NI- |
|-----|---------|-----------|-----------|
| | | Yes | No |
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| Sch | edule A | A (Form 9 | 990) 2022 |
| | | | |

| Par | t 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 | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | 7. 11 0 0 | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | on an angle in outpoining or gameanous | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 100 | 140 |
| • | 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 | _ | | |
| 3 | 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 | | |
| Secti | supported organizations played in this regard. Type III Functionally Integrated Supporting Organizations | | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. | | | |
| a 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 instruction. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Vaa | Na |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| ı. | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | 01 | | |
| _ | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Page 6

| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizati | ions | |
|---------------|---|---------|-----------------------------|-----------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2 | 0, 197 | 0 (explain in Part VI). See | |
| i | instructions. All other Type III non-functionally integrated supporting organizations must co | omplete | e Sections A through E. | |
| Section A | A – Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| | · | | ` ' | (optional) |
| 1 Net | t short-term capital gain | 1 | | |
| 2 Rec | coveries of prior-year distributions | 2 | | |
| - | ner gross income (see instructions) | 3 | | |
| 4 Add | d lines 1 through 3. | 4 | | |
| 5 Dep | preciation and depletion | 5 | | |
| 6 Por | rtion of operating expenses paid or incurred for production or collection | | | |
| of g | gross income or for management, conservation, or maintenance of | | | |
| pro | perty held for production of income (see instructions) | 6 | | |
| 7 Oth | ner expenses (see instructions) | 7 | | |
| 8 Adj | justed Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section E | B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Agg | gregate fair market value of all non-exempt-use assets (see | | | |
| inst | tructions for short tax year or assets held for part of year): | | | |
| a Ave | erage monthly value of securities | 1a | | |
| b Ave | erage monthly cash balances | 1b | | |
| c Fair | r market value of other non-exempt-use assets | 1c | | |
| d Tot | tal (add lines 1a, 1b, and 1c) | 1d | | |
| | scount claimed for blockage or other factors | | | |
| | plain in detail in Part VI): | | | |
| | quisition indebtedness applicable to non-exempt-use assets | 2 | | |
| | btract line 2 from line 1d. | 3 | | |
| | sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | e instructions). | 4 | | |
| | t value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Itiply line 5 by 0.035. | 6 | | |
| | coveries of prior-year distributions | 7 | | |
| | nimum Asset Amount (add line 7 to line 6) | 8 | | |
| | C – Distributable Amount | | | Current Year |
| 1 Adj | justed net income for prior year (from Section A, line 8, column A) | 1 | | |
| | ter 0.85 of line 1. | 2 | | |
| | nimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | ter greater of line 2 or line 3. | 4 | | |
| | ome tax imposed in prior year | 5 | | |
| | stributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | ergency temporary reduction (see instructions). | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally integrated Typ | | upporting organization | |
| | (see instructions). | | | |

Schedule A (Form 990) 2022

| | le A (Form 990) 2022 Better Food Founda | | 81-45 | 375 | 521 Page |
|---------------|--|-----------------------------|--|--------|---|
| Pari Secti | t V Type III Non-Functionally Integrated 509(a)(3) S ion D – Distributions | oupporting Organizati | ions (continued) | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpose: | S | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of | | | \Box | |
| _ | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of support | ted organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details | s in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | - | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization | on is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | · | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | s | (iii) Distributable Amount for 2022 |
| 1_ | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | | |
| | (reasonable cause required-explain in Part VI). See | | | | |
| | instructions. | | | _ | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | 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 | Pemaining underdistributions for 2022 Subtract lines 3h | | | | |

Schedule A (Form 990) 2022

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 ... c Excess from 2020 d Excess from 2021 e Excess from 2022

| B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I | rt IV, Section lines 1c, 2a, 2b, | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|
| 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.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | | | | | |
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DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

| Better Food Fo | oundation, Inc. | 81-4537521 |
|--|--|------------|
| Organization type (check one) |): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |
| , 0 | vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se | ee |
| General Rule | | |
| _ • | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining libutions. | |
| Special Rules | | |
| regulations under section 16b, and that received | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16 from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | a, or |
| contributor, during the y | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III. | ne |
| contributor, during the contributions totaled moduring the year for an e | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such pre than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contribution during the year | ns |
| must answer "No" on Part IV, li | sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, the filing requirements of Schedule B (Form 990). | •• |

Name of organization Employer identification number Better Food Foundation, Inc. 81-4537521 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person **Payroll** 60,000 Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person X **Payroll** 323,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person **Payroll** 841,680 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person **Payroll** 143,000 Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 X Person **Payroll** 471,260 Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person X **Payroll** 150,000 Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

| • (| Section 501(c)(4), (5), or (6) organizations: Complete Part III. | | | | |
|---|---|-----------------------------------|----------------------|--|--|
| Nam | e of organization | | | Employer ident | ification number |
| | Better Food Foundati | | | 81-45375 | |
| Pa | rt I-A Complete if the organization is exem | pt under section 501(c | or is a sectio | n 527 organizatio | n. |
| 1 | Provide a description of the organization's direct and indirect | political campaign activities in | Part IV. See instruc | ctions for | |
| | definition of "political campaign activities." | | | | |
| 2 Political campaign activity expenditures. See instructions \$ 3 Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). | | | | | |
| 3_ | Volunteer hours for political campaign activities. See instruct | ions | | | |
| Pa | | | | | |
| 1 | Enter the amount of any excise tax incurred by the organizat | ion under section 4955 | | \$ | |
| 2 | Enter the amount of any excise tax incurred by organization | managers under section 4955 | | \$ | <u></u> <u></u> |
| 3 | If the organization incurred a section 4955 tax, did it file Form | | | | . Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | If "Yes," describe in Part IV. | | | | |
| Pa | rt I-C Complete if the organization is exem | pt under section 501(c |), except section | on 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | for section 527 exempt function | on | | |
| | activities | | | \$ | |
| 2 | Enter the amount of the filing organization's funds contributed | d to other organizations for sec | ction | | |
| | | | | \$ | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter | | | | |
| | line 17b | | | \$ | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | | | Yes No |
| 5 | Enter the names, addresses and employer identification num | | | | |
| | organization made payments. For each organization listed, e | • | 0 0 | | |
| | the amount of political contributions received that were prom | | | • | |
| | as a separate segregated fund or a political action committee | e (PAC). If additional space is I | needed, provide info | ormation in Part IV. | <u> </u> |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly delivered to a separate |
| | | | | | political organization. |
| | | | | | If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (e) | | | | | |
| (6) | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 E-Z.

| Scł | nedule C (Form 9 | 990) 2022 | Better | Food | Foundation, | Inc. | 81-4537521 | Pa | age 2 |
|---------------------------------|----------------------|---------------|---------------------------|-------------|------------------------------|-----------------------|---------------------------|----------------|--------------|
| Р | art II-A | Comple | te if the organiza | tion is ex | xempt under sectio | n 501(c)(3) and | filed Form 5768 (ele | ction under | |
| | | section | 501(h)). | | | | | | |
| Α | Check | if the | filing organization be | elongs to a | an affiliated group (and | l list in Part IV ead | ch affiliated group membe | er's name, | |
| | | addre | ss, EIN, expenses, | and share | of excess lobbying ex | penditures). | | | |
| В | Check | if the | filing organization cl | hecked box | x A and "limited contro | l" provisions apply | <i>1</i> . | | |
| Limits on Lobbying Expenditures | | | | | | | (a) Filing | (b) Affiliated | |
| | | 1 | | | unts paid or incurred | | organization's totals | group totals | |
| 1 | | | | | rassroots lobbying) | | | | |
| | | | | | (direct lobbying) | | | | |
| | c Total lobbyi | ng expendit | ures (add lines 1a and | 1b) | | | | | |
| | | | | | | | | | |
| | e Total exemp | pt purpose e | expenditures (add lines | 1c and 1d) | | | | | |
| | f Lobbying no | ontaxable ar | mount. Enter the amou | nt from the | following table in both | | | | |
| | columns. | | | | | | | | |
| | If the amour | nt on line 1e | , column (a) or (b) is: | The lobby | ing nontaxable amount is | : | | | |
| | Not over \$50 | 00,000 | | 20% of the | e amount on line 1e. | | | | |
| | Over \$500,0 | 00 but not ov | ver \$1,000,000 | \$100,000 | plus 15% of the excess ove | r \$500,000. | | | |
| | Over \$1,000 | ,000 but not | over \$1,500,000 | \$175,000 | plus 10% of the excess ove | r \$1,000,000. | | | |
| | Over \$1,500 | ,000 but not | over \$17,000,000 | \$225,000 | plus 5% of the excess over | \$1,500,000. | | | |
| | Over \$17,00 | , | | \$1,000,000 | | | | | |
| | g Grassroots | nontaxable | amount (enter 25% of | | | | | | |
| | h Subtract line | e 1g from lir | ne 1a. If zero or less, e | nter -0 | | | | | |
| | | | e 1c. If zero or less, er | _ | | | | | |
| | j If there is a | n amount of | ther than zero on either | | ine 1i, did the organization | | | | |
| | reporting se | ection 4911 | tax for this year? | | | | | Yes | No |
| | | | | 4-Year A | veraging Period Und | er Section 501(h |) | | |

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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

Schedule C (Form 990) 2022

| 3064 | 10/07/2023 10:19 AM | | | | | | |
|------|---|---------|-------|-------|-------|------|--------------|
| Sche | dule C (Form 990) 2022 Better Food Foundation, Inc. 81- | 453 | 752 | 1 | | F | age 3 |
| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | iled I | Form | 5768 | | | |
| | | (a | a) | | (b) |) | |
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | | Amo | unt | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local | | | | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | | | | |
| | referendum, through the use of: | | | | | | |
| | Volunteers? | | X | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | | | | | |
| | Media advertisements? | | Х | | | | |
| d | Mailings to members, legislators, or the public? | | Х | | | | |
| е | Publications, or published or broadcast statements? | | Х | | | | |
| f | Grants to other organizations for lobbying purposes? | | Х | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | | | 95 |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | | | |
| i | Other activities? | | Х | | | | |
| j | Total. Add lines 1c through 1i | | | | | | 95 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| Pa | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). |)(5), (| or se | ction | | | |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3_ | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | | | | 3 | | |
| Pa | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." | | | | ne 3, | , is | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | | | | |
| а | Current year | | 2a | | | | |
| b | Carryover from last year | | 2b | | | | |

5 Taxable amount of lobbying and political expenditures. See instructions

and political expenditures next year?

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

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

| Schedule | \boldsymbol{C} | Daret | TT_D | Tino | 1 |
|-----------|------------------|-------|-------|-------|---|
| schediile | (: - | Part | 11-B. | LITHE | |

Supplemental Information

During 2022, the Organization signed onto a petition against the EATS

("Eating Agricultural Trade Suppression") Act, H.R. 4417/X.2019. This

activity consisted of approximately 2 hours from one staff member.

2c

| Schedule C (Form | n 990) 2022 | Better | Food | Foundation, | Inc. | 81-4537521 | Page 4 |
|------------------|--------------|-------------|----------|-------------|------|------------|---------------|
| Part IV | Supplemental | Information | (continu | ued) | | | |
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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

Open to Public

Inspection Name of the organization Employer identification number Better Food Foundation, Inc. 81-4537521 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

b Assets included in Form 990, Part X

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

| | rt III Organizations Maintaining C | | | | easures. o | r Other S | Simila | r Ass | sets (| contin | ued | | ge z |
|-------|--|-----------------------|--------------|------------------|----------------|------------|-----------|---------|---------|---------|----------|---------------|------|
| 3 | Using the organization's acquisition, accession, a collection items (check all that apply): | | | | | | | | , 010 | 0011411 | <u> </u> | / | |
| а | Public exhibition | d 🗌 | Loan or ex | change prog | ıram | | | | | | | | |
| b | Scholarly research | | | | | | | | | | | | |
| С | Preservation for future generations | _ | | | | | | | | | | | |
| 4 | Provide a description of the organization's collect | ctions and explain h | now they fu | rther the orga | anization's ex | empt purpo | se in Pa | art | | | | | |
| | XIII. | | | | | | | | | | | | |
| 5 | During the year, did the organization solicit or reassets to be sold to raise funds rather than to be | | | | | | | | | П | 'es | П | No |
| Pa | rt IV Escrow and Custodial Arra | | | <u></u> | | | | | | | | | |
| | Complete if the organization a 990, Part X, line 21. | | on Form | n 990, Par | t IV, line 9, | or repor | ted an | amo | ount or | Forn | n | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermedia | ry for contr | ibutions or ot | ther assets no | ot | | | | _ | | _ | |
| | included on Form 990, Part X? | | | | | | | | | ∐ Y | 'es | Ш | No |
| b | If "Yes," explain the arrangement in Part XIII and | d complete the follo | wing table | | | | _ | | | | | | |
| | | | | | | | - | | | Amou | nt | | |
| С | Beginning balance | | | | | | | 1c | | | | | _ |
| d | Additions during the year | | | | | | | 1d | | | | | _ |
| е | Distributions during the year | | | | | | | 1e | | | | | _ |
| f | Ending balance | | | | | | L | 1f | | П, | | $\overline{}$ | _ |
| | Did the organization include an amount on Form | | | | | | | | | | 'es | Н | No |
| | If "Yes," explain the arrangement in Part XIII. Ch | neck nere if the exp | lanation na | is been provi | ded on Part X | (III | | | <u></u> | <u></u> | | Ш | |
| Pa | rt V Endowment Funds. Complete if the organization a | neword "Voc" | on Form | 000 Por | t IV/ line 1(| 1 | | | | | | | |
| | Complete if the organization a | (a) Current year | | rior year | (c) Two year | | (d) Thre | o voore | back | (a) Fo | our yea | are ha | nck |
| 10 | Pegipping of year balance | | (5) F | noi yeai | (C) Two year | 5 Dack | (u) 11116 | e years | Dack | (6) 1 (| oui yea | ais Da | ick |
| | | | | | | | | | | | | | |
| | Contributions Net investment earnings, gains, and | | | | | | | | | | | | |
| · | 1 | | | | | | | | | | | | |
| ч | Grants or scholarships | | | | | | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | | | | | | |
| · | programs | | | | | | | | | | | | |
| f | A desiminate of the company of the c | | | | | | | | | | | | |
| a. | End of year balance | | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the current | | (line 1a ca | lumn (a)) hel | q as. | | | | | | | | |
| | Board designated or quasi-endowment | % | (0 19, 00 | idiiii (d)) iioi | u uo. | | | | | | | | |
| | Permanent endowment % | | | | | | | | | | | | |
| C | Term endowment % | | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | egual 100%. | | | | | | | | | | | |
| 3a | Are there endowment funds not in the possessic | • | on that are | held and ad | ministered for | the | | | | | | | |
| | organization by: | · · | | | | | | | | | Ye | s | No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | | | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | | | |
| b | If "Yes" on line 3a(ii), are the related organization | ns listed as required | d on Sche | dule R? | | | | | | 3b | | | |
| 4 | Describe in Part XIII the intended uses of the or | | | | | | | | | | | | |
| Pa | rt VI Land, Buildings, and Equip | | | | | | | | | | | | |
| | Complete if the organization a | answered "Yes" | on Form | n 990, Part | t IV, line 11 | la. See F | orm 9 | 90, F | Part X, | line 1 | 10. | | |
| | Description of property | (a) Cost or other b | pasis | (b) Cost or o | ther basis | (c) Ac | cumulated | | | (d) Boo | k valu | е | |
| | | (investment) | | (othe | er) | depr | reciation | | | | | | |
| 1a | Land | | | | | | | | | - | | | |
| | Buildings | | | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | 1 | | | | |
| d | Equipment | | | | 11,948 | | 3, | 920 |) | | 8 | ,0 | 28 |
| е | Other | | | | | | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must equa | al Form 990, Part X | K, column (| B), line 10c.) | | | | | 1 | | 8 | ,0 | 28 |

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 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

| Pa | art XI Reconciliation of Revenue per Audited Financial Statements With Reve | nue per Retu | rn. | | | | | |
|----|--|--------------|-----|-----------|--|--|--|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,231,768 | | | | |
| 2 | | | | | | | | |
| а | Net unrealized gains (losses) on investments 2a | | | | | | | |
| | Donated services and use of facilities 2b | 121,332 | | | | | | |
| | Recoveries of prior year grants 2c | | | | | | | |
| d | Other (Describe in Part XIII.) | | | | | | | |
| | Add lines 2a through 2d | | 2e | 121,332 | | | | |
| 3 | | | 3 | 2,110,436 | | | | |
| 4 | | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | | |
| b | Other (Describe in Part XIII.) | | | | | | | |
| | Add lines 4a and 4b | | 4c | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 2,110,436 | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. | | | | | | | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | Complete if the organization answered Yes on Form 98 | 90, Part IV, line | 12a. | | |
|---|--|-------------------|---------|----|-----------|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,091,216 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 121,332 | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| | Add lines 2a through 2d | | | 2e | 121,332 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,969,884 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,969,884 |

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The Organization has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(c)(3), qualifying for the charitable contribution deduction under section 170(b)(1)(A)(vi), and has been determined not to be a private foundation under Section 509(a). The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) and is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purposes. Management has determined that the Organization is not subject to unrelated business income tax. Management believes that the Organization has appropriate support for any tax positions taken in its annual filing and does not have any uncertain tax

| Part Alli | Sup | piemem | ai iiiio | mation | i (COrturi | ueu) | | | | | | | | |
|---|-----|--------|----------|--------|------------|--------|------|--------|--------|--------|-------|-------|--------|------|
| positi | ons | that | are | mater | rial | to the | fina | ancial | state | ements | . The | Orgar | nizati | on's |
| Forms | 990 | are | no lo | nger | subj | ect to | tax | exami | nation | for | years | befor | e 201 | 8. |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2022Open to Public

OMB No. 1545-0047

Open to Publi Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Better Food Foundation, Inc.

Employer identification number 81-4537521

| P | | eneral Information rm 990, Part IV, line | | utside the United States. Con | mplete if the organization ansv | vered "Yes" on |
|-------------|---------------------------|---|--|--|---|---|
| 1 | | | | to substantiate the amount of its gran | its and | |
| | | | - | ssistance, and the selection criteria us | | X Yes No |
| 2 | For grantma outside the U | | the organization's pr | rocedures for monitoring the use of its | grants and other assistance | |
| 3 | Activities per I | Region. (The following P | art I, line 3 table can | be duplicated if additional space is ne | eeded.) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| N | orth Amer | ica | | | | |
| (1) | | | | Grantmaking | | 175,000 |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
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| (8) | | | | | | |
| (9) | | | | | | |
| <u>(10)</u> | | | | | | |
| <u>(11)</u> | | | | | | |
| <u>(12)</u> | | | | | | |
| <u>(13)</u> | | | | | | |
| (14) | | | | | | |
| <u>(15)</u> | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| | Subtotal | | | | | 175,000 |
| b 1 | Fotal from continuation | | | | | |
| | Fotals (add | | | | | |
| | ines 3a and 3b) | | | | | 175,000 |

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022 Better Food Foundation, Inc. 81-4537521 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (b) IRS code (d) Purpose of (e) Amount of (c) Region (f) Manner of (g) Amount of (h) Description valuation organization section and EIN grant cash grant cash noncash of noncash assistance (book, FMV, appraisal, other) (if applicable) disbursement assistance Mexican veganism Wire transfer North America 175,000 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation recipients cash grant of noncash assistance cash noncash (book, FMV, disbursement assistance appraisal, other) (1) (4) (10) (12) (13) (14) (15) (16) (17) (18)

Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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? If "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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see 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.

| Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds | | | | | | | | | | | | |
|--|------|----------|----------|-----|--|--|--|--|--|--|--|--|
| The Organization monitors the use of grant funds through semi-monthly | | | | | | | | | | | | |
| conversations with grantees about the use of grant funds. This is done via | | | | | | | | | | | | |
| e-mail or phone conference. Grant receipients are also required to submit | | | | | | | | | | | | |
| a final written report demonstrating the use of funds and the programmatic | | | | | | | | | | | | |
| impact of their work. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part I, Line 3 - Activities per Region | | | | | | | | | | | | |
| Region | Expe | nditures | Investme | nts | | | | | | | | |
| North America | | | | | | | | | | | | |
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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.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Better Food Foundation, Inc. Employer identification number 81-4537521

| Part I General Information on Grants and | Assistance | | | | | | |
|---|-------------------|---------------------------------------|------------------------------------|----------------------------------|---|---------------------------------------|---------------------------------------|
| Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance Describe in Part IV the organization's procedures for monit | amount of the gra | | | | | | X Yes No |
| Part II Grants and Other Assistance to Do | | | | vernments. Com | olete if the orga | nization answe | ered "Yes" on Form 990. |
| Part IV, line 21, for any recipient that | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) The Shamayim V'Artez Institute 12631 Imperial Highway F-106 Santa Fe Springs CA 90670 | 45-5488702 | 501c3 | 20,833 | | | | Jewish veganism |
| (2) AfroVegan Society 2309 Avalon Ave Baltimore MD 21217 | 46-4638061 | 501c3 | 50,000 | | | | Healthy living |
| (3) CreatureKind 4470 Corona St Eugene OR 97404 | 84-3716691 | 501c3 | 190,000 | | | | Animal welfare |
| (4) Farm Forward Inc., 55561 N Atlantic Avenue Portland OR 97217 | 26-1643614 | 501c3 | 167,082 | | | | Consumer Education |
| (5) Calvin University 3201 Burton Street SE Grand Rapids MI 49546 | 38-3071514 | 501c3 | 15,000 | | | | Research |
| (6) Food for Climate League Inc Eve Turow-Paul 2030 Maple Avenue Evanston IL 60201 | 84-2916598 | | 100,000 | | | | Research |
| (7) Universalist Unitarians for the 9620 Cinnamon Creek Cr Vienna VA 22182 | 25-1899277 | | 12,500 | | | | Animal ethics eductn |
| (8) | | | , | | | | |
| (9) | | | | | | | |
| Enter total number of section 501(c)(3) and government or Enter total number of other organizations listed in the line | 4 4-1-1- | | table | | | | • |

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 (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 Fiscal Sponsorship 1 117,500 Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds The Organization monitors the use of grant funds through semi-monthly conversations with grantees about the use of grant funds. This is done via e-mail or phone conference. Grant receipients are also required to submit a final written report demonstrating the use of funds and the programmatic impact of their work.

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 **2022**

2022

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Schedule O (Form 990) 2022

Employer identification number

Better Food Foundation, Inc. 81-4537521 Form 990, Part III, Line 4d - All Other Accomplishments Humanewashing Tackling the deceptive labeling tactics used by companies to give a false sense of safety or sustainability on wasteful or harmful products. Religious Providing resources and support to religious communities interested in sustainability, animal welfare, and veganism. This includes the Organization's Jewish Initiative For Animals (JIFA) program. Other Engaging in various projects which align with our mission but are not included in another major program, including policy and dairy initiatives. Form 990, Part VI, Line 2 - Related Party Information Among Officers Jennifer Channin Aaron Gross Board Member Ex. Director Spouses Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 is reviewed in detail by the Executive Director and Operations Manager. In addition, the entire board of directors is provided a copy of the form 990 to review and is given the opportunity to provide feedback prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy On an annual basis, all officers and directors are required to review the

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

Schedule O (Form 990) 2022 Page 2

Name of the organization

Better Food Foundation, Inc. 81-4537521

organization's conflict of interest policy. In addition, each officer or director is required to complete an acknowledgement evidencing that they reviewed the policy and to disclose in writing any potential conflicts of interest. New officers and directors are required to review the policy and complete the acknowledgement when they are hired or when their term begins. The executive committee is responsible for reviewing all potential conflicts and determining the appropriate course of action to eliminate or mitigate the risks posed. Responses typically include recusing the affected individual from participating in deliberation and voting on any issue related to the potential conflict.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Officer compensation is determined by members of the board of directors who

are independent of the officer. In establishing compensation,

the board uses comparability data including salary surveys and 990s of

organizations that are of similar size, complexity, and region. The

deliberation and determination of the officers' compensation is

documented in the board minutes and in the approved annual budget.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Officer compensation is determined by members of the board of directors who are independent of the officer. In establishing compensation, the board uses comparability data including salary surveys and 990s of organizations that are of similar size, complexity, and region. The deliberation and determination of the officers' compensation is documented in the board minutes and in the approved annual budget.

Employer identification number

Schedule O (Form 990) 2022 Page **2**

| Name of the organization Better Food Fo u | indation, Inc. | | | Employer identific 81-45375 | | | | | | | | |
|---|-------------------|------------|----------------|-----------------------------|---------|--|--|--|--|--|--|--|
| | | zerning Do | ocuments Discl | • | | | | | | | | |
| Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization's governing documents conflict of interest policy and | | | | | | | | | | | | |
| The organization's governing documents, conflict of interest policy, and | | | | | | | | | | | | |
| financial statements are made available to the public upon request to the | | | | | | | | | | | | |
| organization's offices. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Form 990, Part | IX, Line 11g - Ot | her Fees | for Services | | | | | | | | | |
| Description | | | | | | | | | | | | |
| Tot | /Prog Service | Mgt | & General | Fundr | raising | | | | | | | |
| Other profession | onal services | | | | | | | | | | | |
| \$ | 0 | \$ | 1,000 | \$ | 0 | | | | | | | |
| Publicity consu | ılting | | | | | | | | | | | |
| \$ | 8,400 | \$ | 0 | \$ | 0 | | | | | | | |
| Other contract | | | | | | | | | | | | |
| | 169,750 | \$ | 1,500 | \$ | 0 | | | | | | | |
| | | | 1,500 | | | | | | | | | |
| Communications | | | | | | | | | | | | |
| \$ | 60,000 | \$ | 0 | \$ | 0 | | | | | | | |
| Total | · | | | | | | | | | | | |
| \$ | 238,150 | \$ | 2,500 | \$ | 0 | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | Page 2 d | of 2 | | | | | | | |

3064 Better Food Foundation, Inc.

81-4537521

Federal Statements

10/7/2023 10:19 AM

FYE: 12/31/2022

Taxable Interest on Investments

| Description | on | | | | | | |
|-------------|----|--------|-----------------------|----|----------|------------------------|---------------------|
| | | Amount | Unrelated Business | | Postal / | Acquired after 6/30/75 | US Obs (\$ or %) |
| Interest | \$ | 327 | | 14 | | | |
| Total | \$ | 327 | | | | | |

3064 Better Food Foundation, Inc.

81-4537521

Federal Statements

10/7/2023 10:19 AM

FYE: 12/31/2022

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | | Program Service | | Management & General | | Fund Raising | |
|------------------------------|-------------------|---------|--------------------|---------|-------------------------|-------|-----------------|---|
| Other professional services | \$ | 1,000 | \$ | | \$ | 1,000 | \$ | |
| Publicity consulting | | 8,400 | | 8,400 | | | | |
| Other contract labor | | 171,250 | | 169,750 | | 1,500 | | |
| Communications director svcs | | 60,000 | | 60,000 | | | | |
| Total | \$ | 240,650 | \$ | 238,150 | \$ | 2,500 | \$ | 0 |

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | | Program Service | | Management & General | | Fund Raising | |
|------------------------|-------------------|-----|-----------------|----|----------------------|-----|-----------------|---|
| Bank and merchant fees | \$ | 768 | \$ | 30 | \$ | 738 | \$ | |
| Total | \$ | 768 | \$ | 30 | \$ | 738 | \$ | 0 |