Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01 , 2021, and ending 12-31 , 2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization FAIR FOOD NETWORK INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1250 NORTH MAIN NORTH SUITE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR, MI 48104

D Employer identification number 26-4143394

E Telephone number (734)213-3999

G Gross receipts $ 15,253,165

F Name and address of principal officer: ORAN B HESTERMAN
SAME AS C ABOVE

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

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

H(c) Group exemption number ►

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

J Website: ► WWW.FAIRFOODNETWORK.ORG

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

L Year of formation: 2009

M State of legal domicile: MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO CREATE A FOOD SYSTEM THAT UPHOLDS THE FUNDAMENTAL RIGHT TO HEALTHY, FRESH AND SUSTAINABLY GROWN FOOD. WE WORK AT THE INTERSECTION OF FOOD SYSTEMS, SUSTAINABILITY AND EQUITY TO GUARANTEE ACCESS TO HEALTHY, FRESH AND SUSTAINABLY GROWN FOOD, ESPECIALLY IN UNDERSERVED COMMUNITIES.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	43
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,450,440	15,162,342
9	Program service revenue (Part VIII, line 2g)	26,100	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,263	90,823
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,726,213	15,253,165

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,784,609	9,221,177
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,101,218	3,548,116
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 234,547		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,231,802	4,256,411
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,117,629	17,025,704
19	Revenue less expenses. Subtract line 18 from line 12	(1,391,416)	(1,772,539)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,939,374	17,252,901
21	Total liabilities (Part X, line 26)	3,322,074	5,223,555
22	Net assets or fund balances. Subtract line 21 from line 20	13,617,300	12,029,346

Part II Signature Block

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

Sign Here

ORAN HESTERMAN
Signature of officer — Date

ORAN HESTERMAN, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AJ GROSS CPA EA	AJ GROSS CPA EA	11-14-2022		P00762520

Firm's name ► The ALG Group — Firm's EIN ►

Firm's address ► 1451 East Lansing Dr Ste 222
East Lansing MI 48823 — Phone no. 517-714-4965

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

EEA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CREATE A FOOD SYSTEM THAT UPHOLDS THE FUNDAMENTAL RIGHT TO HEALTHY, FRESH AND SUSTAINABLY GROWN FOOD. WE WORK AT THE INTERSECTION OF FOOD SYSTEMS, SUSTAINABILITY AND EQUITY TO GUARANTEE ACCESS TO HEALTHY, FRESH AND SUSTAINABLY GROWN FOOD, ESPECIALLY IN UNDERSERVED COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 10,011,361 including grants of $ 8,480,630) (Revenue $)

THE DOUBLE UP FOOD BUCKS (DUFB) PROGRAM ENCOURAGES SNAP (FOOD PAYMENT ASSISTANCE) RECIPIENTS TO PURCHASE HEALTHY, FRESH PRODUCE BY MATCHING THEIR SNAP EXPENDITURES UP TO $20 WITH TOKENS THAT CAN BE REDEEMED TO PURCHASE ADDITIONAL LOCALLY GROWN PRODUCE. THE PROGRAM, WHICH LAUNCHED IN 2009, USES A MODEL THAT IS CENTRALLY ORGANIZED BUT LOCALLY IMPLEMENTED. IT IS NOW OPERATIONAL IN FARMER'S MARKETS AND GROCERY STORES ACROSS MICHIGAN.

4b (Code:) (Expenses $ 3,647,429 including grants of $ 627,720) (Revenue $)

THE NUTRITION INCENTIVE HUB (HUB) THROUGH ITS COALITION OF PARTNERS SUPPORTS NUTRITION TECHNICAL ASSISTANCE, REPORTING AND EVALUATION SUPPORT TO HELP STRENGTHEN NUTRITION INCENTIVE AND PRODUCE PRESCRIPTION PROJECTS, AS THEY WORK TO INCREASE THE PURCHASE OF FRUITS AND VEGETABLES BY PROJECTS PARTICIPANTS.

4c (Code:) (Expenses $ 1,605,930 including grants of $ 24,550) (Revenue $)

FAIR FOOD INVESTMENT INITIATIVE IS A PROGRAM OF FAIR FOOD NETWORK THAT OPERATES IN CONJUNCTION WITH FAIR FOOD FUND. FINANCIAL ASSISTANCE IS PROVIDED VIA GRANTS FROM FAIR FOOD NETWORK AND/OR EQUITY AND DEBT INSTURMENTS FROM FAIR FOOD FUND UNIQUELY STRUCTURED FOR EACH INVESTMENT. OTHER BUSINESS ASSISTANCE IS PROVIDED AS DESCRIBED ABOVE TO SUPPORT THE LONG-TERM VIABILITY OF THE INVESTEES.

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

(Expenses $ 433,359 including grants of $ 11,543) (Revenue $)

4e Total program service expenses ► 15,698,079

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	43		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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:				
a	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Michigan

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

CASSANDRA FLETCHER-MARTIN (734)213-3999, 1250 NORTH MAIN NORTH SUITE, ANN ARBOR, MI 48104

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ORAN B HESTERMAN CEO	40.00	X		X		X		360,082	0	13,577
(2) KATHERINE KRAUSS COO	40.00			X	X	X		169,979	0	7,802
(3) EMILIE ENGLEHARD SR DIRECTOR EXTERNAL AFFAIRS	40.00				X			132,128	0	6,556
(4) HOLLY PARKER SR DIRECTOR PROGRAMS					X			131,359	0	0
(5) JAYE LOPEZ VAN SOEST SR DIRECTOR DEVELOPMENT	40.00				X			119,462	0	0
(6) CASSANDRA FLETCHER-MARTIN FINANCE DIRECTOR	40.00			X				113,554	0	5,628
(7) MARK NICHOLSON SR DIRECTOR POLICY	40.00				X			112,200	0	5,560
(8) DAN WARMELS TREASURER	2.00	X						0	0	0
(9) SANDRA DALEY MD DIRECTOR	2.00	X						0	0	0
(10)KIFF HAMP DIRECTOR	1.00	X						0	0	0
(11)W. DEWAYNE WELLS DIRECTOR	1.00	X						0	0	0
(12)GARY APPEL DIRECTOR	2.00	X						0	0	0
(13)BENITA MELTON DIRECTOR	1.00	X						0	0	0
(14)LESSA PHILLIPS DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RUDY VOODOO FE' MATHELIER DIRECTOR	1.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,138,764	0	39,123

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

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 243,892				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 11,927,741				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,990,709				
	g	Noncash contributions included in lines 1a-1f	1g $				
	h	**Total.** Add lines 1a-1f	▶	15,162,342			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	90,823	90,823		
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities, See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶				
	12	**Total revenue.** See instructions	▶	15,253,165	90,823	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,221,177	9,221,177		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	530,060	424,048	68,908	37,104
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,066,772	1,663,341	270,582	132,849
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,008	72,006	11,701	6,301
9 Other employee benefits	641,042	468,003	150,026	23,013
10 Payroll taxes	220,234	176,187	28,630	15,417
11 Fees for services (nonemployees):				
a Management	2,718,604	2,713,879	4,725	
b Legal	3,842	3,791	51	
c Accounting	14,800		14,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	539,102	397,151	138,103	3,848
12 Advertising and promotion	321,397	304,076	15,257	2,064
13 Office expenses	13,097	890	11,492	715
14 Information technology	145,945	44,046	97,500	4,399
15 Royalties				
16 Occupancy	179,078	51	179,027	
17 Travel	38,357	28,192	9,627	538
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,084	63,802	8,213	69
20 Interest	55,256	55,256		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,265		30,265	
23 Insurance	19,491		19,491	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITING	52,490	18,394	34,096	
b DUES, LICENSES, AND PERMITS	52,603	43,789	584	8,230
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e.	17,025,704	15,698,079	1,093,078	234,547
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)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			3,680,360	1	4,095,374
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,381,570	3	4,583,600
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net			3,773,436	7	1,737,558
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			128,424	9	81,798
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	203,378			
	b	Less: accumulated depreciation	10b	78,554	120,788	10c	124,824
	11	Investments - publicly traded securities			5,844,046	11	6,618,997
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,750	15	10,750
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			16,939,374	16	17,252,901
Liabilities	17	Accounts payable and accrued expenses			505,409	17	1,622,458
	18	Grants payable			471,032	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			1,775,790	24	3,589,376
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			569,843	25	11,721
	26	**Total liabilities.** Add lines 17 through 25			3,322,074	26	5,223,555
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			5,116,225	27	5,821,365
	28	Net assets with donor restrictions			8,501,075	28	6,207,981
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			13,617,300	32	12,029,346
	33	Total liabilities and net assets/fund balances			16,939,374	33	17,252,901

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,253,165
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,025,704
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,772,539)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,617,300
5	Net unrealized gains (losses) on investments	5	184,585
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,029,346

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
FAIR FOOD NETWORK INC	26-4143394

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,526,497	6,915,952	10,935,349	12,450,440	15,162,342	53,990,580
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,526,497	6,915,952	10,935,349	12,450,440	15,162,342	53,990,580
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,042,339
6 **Public support.** Subtract line 5 from line 4.						42,948,241

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8,526,497	6,915,952	10,935,349	12,450,440	15,162,342	53,990,580
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,311	81,853	243,426	249,263	90,823	686,676
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						54,677,256

12 Gross receipts from related activities, etc. (see instructions) **12** 577,572

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	**14**	78.55 %
15	Public support percentage from 2020 Schedule A, Part II, line 14	**15**	75.91 %

16a **33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☒

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

17a **10%-facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ► ☐

b **10%-facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ► ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ► ☐

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2	Enter 0.85 of line 1.	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4	Enter greater of line 2 or line 3.	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required) - *provide details in* ***Part VI***	**5**	
6	Other distributions *(describe in* ***Part VI****).* See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive *(provide details in* ***Part VI****).* See instructions.	**8**	
9	Distributable amount for 2021 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* ***Part VI****).* See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI****.* See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI****.* See instructions.			
7	**Excess distributions carryover to 2022**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization
FAIR FOOD NETWORK INC

Employer identification number
26-4143394

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ► $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: FAIR FOOD NETWORK INC

Employer identification number: 26-4143394

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	USDA -NATIONAL INST FOR FOOD AND AG 1400 INDEPENDENCE AVE, SW, MS 2201 WASHINGTON DC 20250-2201	$ 9,536,769	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	MI DEPT OF AGRICULTURE & RURAL DEV 525 W ALLEGAN ST, PO BOX 30017 LANSING MI 48909	$ 2,390,972	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	WK KELLOGG FOUNDATION ONE MICHIGAN AVE EAST BATTLE CREEK MI 49017	$ 1,650,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

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.

Name of organization	Employer identification number
FAIR FOOD NETWORK INC	26-4143394

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 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).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ► $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,262
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			7,262
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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		

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

1	Dues, 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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		106,197	38,054	68,143
d Equipment		97,181	40,500	56,681
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				124,824

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)	SECURITY DEPOSIT	10,750
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ►		10,750

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	11,721
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ►	11,721

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. X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	15,437,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	184,585		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	184,585
3	Subtract line **2e** from line **1**			3	15,253,165
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,253,165

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

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

1	Total expenses and losses per audited financial statements			1	17,025,704
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	17,025,704
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	17,025,704

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.

01. Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS UNDER A MORE-LIKELY-THAN-NOT THRESHOLD AS REQUIRED BY US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. AS OF DECEMBER 31, 2021, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AT DECEMBER 31, 2021, THE ORGANIZATIONS FEDERAL TAX RETURNS GENERALLY REMAIN OPEN FOR THE LAST THREE YEARS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S FUND BC AL 450 RIVERCHASE PKWY EAST BIRMINGHAM AL 35244					CASH		DOUBLE UP FOOD BUCKS PROGRAMMING
(2) LIVEWELL COLORADO 1490 LAFAYETTE ST STE 404 DENVER CO 80218	26-2464764	501C3			CASH		DOUBLE UP FOOD BUCKS PROGRAMMING
(3) CITY OF BOSTON 1 CITY HALL SQUARE STE 500 BOSTON MA 02201-2013			124,481		CASH		DOUBLE UP FOOD BUCKS PROGRAMMING
(4) FIELD & FORK 487 MAIN ST STE 200 BUFFALO NY 14203	26-4287659	501C3	57,833		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) CITY OF HOLLAND 150 W 8TH ST HOLLAND MI 49423	38-6004622		41,416		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) CITY OF MT PLEASANT PARKS & 320 W BROADWAY ST MOUNT PLEASANT MI 48858	38-6004717		11,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) AG SUPERMARKETS, INC 11 COOPERATIVE WAY SUNCOOK NH 03275	02-0118229		53,421		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) ALLEN NEIGHBORHOOD CENTER 1611 E KALAMAZOO ST LANSING MI 48912	38-3520484	501C3	14,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) AMERICANA FOODS 15041 PLYMOUTH RD DETROIT MI 48227	38-2743240		50,731		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) APPALACHIAN RC&D COUNCIL 302 SUNSET DR STE 105 JOHNSON CITY TN 37604	62-1590577	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 36

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 76

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARCADIA FOOD INC 9000 RICHMOND HWY ALEXANDRIA VA 22309	27-3611614	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) ARGUS FARM STOP 325 W LIBERTY ANN ARBOR MI 48103	46-5289030		16,771		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) BLOCKS FARM STAND 29160 EUREKA RD ROMULUS MI 48174	38-3542321		57,386		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) CHICO NATURAL FOODS COOPERA 818 MAIN ST CHICO CA 95928	94-3236891				CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) CITY MARKET 401 CENTER AVE STE 100 BAY CITY MI 48708	32-0519165	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) CITY OF ANN ARBOR AA FARMERS MKT PO BOX 8647 ANN ARBOR MI 48104	38-6004534		65,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) CITY OF MUSKEGON 930 TERRACE ST ROCKFORD MI 49341	38-6004522		100,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) CITY OF ROCKFORD 7 SOUTH MONROE ROCKFORD MI 49341	38-6004728		6,662		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) COMMUNITY FARM ALLIANCE OF PO BOX 130 BEREA KY 40403	61-1092056	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) COMMUNITY FOOD BANK OF CENT 107 WALTER DAVIS DR BIRMINGHAM AL 35209	63-0837956	501C3	81,196		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY FOOD AND AG COALI PO BOX 7025 MISSOULA MT 59802	36-2991288	501C3					FUND DOUBLE UP FOOD BUCKS-STORES
(2) DC CENTRAL KITCHEN INC 425 2ND ST NW WASHINGTON DC 20001	52-1584936	501C3	50,100		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) DELPOINTE FOOD CENTER 16700 HARPER AVE DETROIT MI 48224	38-3205221		36,310		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) DOWNTOWN OWOSSO FARMERS MKT 1888 KETEGAWN RD OWOSSO MI 48867	46-2388231		9,078		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) DOWNTOWN SAGINAW FARMERS MA PO BOX 3681 SAGINAW MI 48607	35-2163212	501C3	18,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) E&L SUPERMERCADO 600 W VERNOR HWY DETROIT MI 48209	38-2141947		641,696		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) EASTERN MARKET CORPORATION 2934 RUSSELL ST DETROIT MI 48207	32-0030432	501C3	82,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) THE EXPERIMENTAL STATION 6100 S BLACKSTONE ST CHICAGO IL 60637	32-0017985	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) CITY OF BIG RAPIDS 226 N MICHIGAN AVE BIG RAPIDS MI 49307	38-6004663		6,500		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) FEEDING FLORIDA 1493 MARKET ST TALLAHASSEE FL 32312	65-0467165	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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OMB No. 1545-0047

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26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIDDLEHEAD FARMS MARKETPLAC 451 HIGH ST SOMERSWORTH NH 03878	04-3432674		7,546		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) FIVE ACRE FARMS INC 195 MONTAGUE ST 14TH FLOOR BROOKLYN NY 11201	27-2028831		11,544		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) FLINT FARMERS MARKET 300 EAST FIRST ST FLINT MI 48502	46-3261632		100,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) THE FOOD BASKET 40 HOLUMA ST HILO HI 96720-3050	26-0349475	501C3	50,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) FOOD FARM MARKET 11550 DEXTER AVE DETROIT MI 48206	45-3211373		104,554		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) THE FOOD TRUST 1617 JFK BOULEVARD SOUTH PHILADELPHIA PA 19103	23-2678383	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) FORSYTH FARMERS MARKET 2603 MECHANICS AVE SAVANNAH GA 31404	46-1112698	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) FRESH CHOICE MARKET 1916 DAVISON FLINT MI 48506	47-3592575				CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) FRESH FOOD DEPOT 303 S PARKER ST MARINE CITY MI 48039	20-0503326		10,129		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) FULTON ST FARMERS MKT 1145 FULTON ST EAST GRAND RAPIDS MI 49503	46-2859250	501C3	157,876		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GARDEN FRESH MARKETPLACE 6680 MICHIGAN AVE DETROIT MI 48210	38-5287186		113,083		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) GLEANERS COMMUNITY FOOD BAN 2131 BEAUFALT ST DETROIT MI 48207	38-2156255	501C3	15,768		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) GLORY SUPERMARKET - HIGHLAN 14100 WOODWARD AVE HIGHLAND PARK MI 48203	38-3722692		154,765		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) GLORY SUPERMARKET - OAK PAR 22150 COOLIDGE HWY OAK PARK MI 48237	27-0710816		226,360		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) GLORY SUPERMARKET - OUTER D 8000 OUTER DR WEST 1 DETROIT MI 48235	38-3722692		219,533		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) GLYNWOOD CENTER PO BOX 157 COLD SPRING NY 10516	13-3852957	501C3	31,900		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) GRATIOT AREA CHAMBER OF COM 110 W SUPERIOR ST ALMA MI 48801	38-1225653	501C6			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) GREAT GIANT SUPERMARKET LAN 3222 S MLK BLVD LANSING MI 48910	84-2416377		41,300		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) GREAT GIANT SUPERMARKET FLI G5204 SAGINAW ST FLINT MI 48505	47-1872551		25,159		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) GREAT GIANT SUPERMARKET SAG 3216 SHERIDAN AVE SAGINAW MI 48601	81-4713077		156,729		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREEN TREE COOPERATIVE GROC 214 N FRANKLIN ST MOUNT PLEASANT MI 48858	38-2279712		6,199		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) GROW NYC 100 GOLD ST NEW YORK NY 10038	13-2765465	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) GROWING HOPE 922 W MICHIGAN YPSILANTI MI 48197	74-3091845	501C3	25,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) HANOVER CONSUMER COOPERATIV PO BOX 635 HANOVER NH 03755	02-0144595		24,466		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) HEART OF THE CITY FARMERS M 1182 MARKET ST SAN FRANCISCO CA 94102	94-2909967	501C4			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) HILLSIDE SHOPRITE 367 US HWY 22 HILLSIDE NJ 07205	22-3637329		27,910		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) HUTCHINSON FOOD & DRUG 6509 N SAGINAW ST FLINT MI 48505	38-2898647		13,021		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) IMPERIAL FRESH 8 MILE 1940 E EIGHT MILE RD DETROIT MI 48234	38-3288428		143,625		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) IMPERIAL FRESH MARKET SCHAE 14424 SCHAEFER HWY DETROIT MI 48227	38-3218285		86,358		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) THE INTERNATIONAL RESCUE CO PO BOX 3988 221 S 400 WEST SALT LAKE CITY UT 84110	13-5660870	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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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) IOWA HEALTHIESST STATE INIT 301 GRAND AVE DES MOINES IA 50309	45-4570642	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) JACKSON MEDICAL MALL FOUNDA 1636 SMITH LAKE RD BROOKHAVEN MS 39601	64-0865274	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) JAMES C ACHESON FOUNDATION VANTAGE PT FARMERS MKT 51 C PORT HURON MI 48060	38-3463509	501C3	20,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) JANUS YOUTH PROGRAMS 738 NE DAVIS ST PORTLAND OR 97232	23-7345990	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) KEN'S FRUIT MARKET INC 2420 EASTERN AVE SE GRAND RAPIDS MI 49507	45-3581456		156,151		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) LAFAYETTE FOODS 1565 LAFAYETTE ST DETROIT MI 48207	45-3581456		31,451		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) THE LAND CONNECTION FOUNDAT 206 N RANDOLPH ST CHAMPAIGN IL 61820	37-1413944	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) LANMARK FOOD CENTER FENTON 4644 FENTON RD FLINT MI 48507	27-1702546		33,225		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) LANDMARK FOOD CENTER PIERSO 206 W PIERSON RD FLINT MI 48505	38-2089113		20,074		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) LAPERLES IGA 64 TROOPER LESLIE LORD MH COLEBROOK NH 03576	02-0346407		16,164		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

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(1) LOCAL ENVIRONMENTAL AG PROJ PO BOX 3249 ROANOKE VA 24015	27-1050909	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) LOWE'S PAY AND SAVE 1804 HALL AVE LITTLEFIELD TX 79339	75-1574481		8,124		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) MANDELA PARTNERS 1344 7TH ST OAKLAND CA 94607	11-3754129	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) MARQUETTE DOWNTOWN DEV AUTH 337 W WASHINGTON ST MARQUETTE MI 49855	38-3444850		11,697		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) MARQUETTE FOOD CO-OP 502 W WASHINGTON MARQUETTE MI 49855	38-2243458		43,464		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) MARVINS GARDEN SPOT LLC 9445 LAKE ANN RD TRAVERSE CITY MI 49684	41-2089035		9,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) MASS FARMERS MARKETS 240 BEAVER ST WALTHAM MA 02452	04-2666643	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) MAZEN FOODS 1740 GRATIOT AVE DETROIT MI 48205	38-2860887		59,159		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) MIDLAND AREA CHAMBER OF COM 300 RODD ST STE 101 MIDLAND MI 48640	47-5297349	501C6	35,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) MIDTOWN FRESH SUPERMARKET 412 HOWARD ST KALAMAZOO MI 49001	47-3395881		69,777		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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(1) MONADNOCK COMMUNITY MARKET 34 CYPRESS ST KEENE NH 03431	27-2395771		20,239		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) MT CLEMENS FARMERS MARKET 28 FIRST ST STE B MOUNT CLEMENS MI 48043	81-0723030	501C3	5,654		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) NEW MEXICO FARMERS MARKET A 1219 LUISA ST SANTA FE NM 87505	85-0430744	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) NORTH DAKOTA STATE UNIVERSI DEPT 3100 PO BOX 6050 FARGO ND 58108-6050	45-6002439				CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) NE MICHIGAN REGIONAL FARM 202 WESTOVER ST EAST TAWAS MI 48730	38-3604240	501C3	10,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) NURTURE NATURE CENTER 518 NORTHAMPTON ST EASTON PA 18042	26-1934794	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) OAKLAND COUNTY 2100 PONTIAC LAKE RD WATERFORD MI 48328	38-6004876		35,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) OLD REDFORD FOOD CENTER 21673 GRAND RIVER DETROIT MI 48219	38-2701489		56,752		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) ORCHARD MARKET INC 8400 N US 31 FREE SOIL MI 49411	38-2671264		16,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) ORYANA NATURAL FOODS MARKET 260 EAST 10TH ST TRAVERSE CITY MI 49684	38-2066104		43,992		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2021

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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) PARK STREET MARKET 512 N PARK ST KALAMAZOO MI 49007	27-1660405		98,022		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) PARKWAY FOODS 11250 E JEFFERSON DETROIT MI 48214	38-2563429		220,621		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) PFC OF KALAMAZOO 507 HARRISON ST KALAMAZOO MI 49007	38-2032664		119,688		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) PICK & SAVE SUPERMARKET 7404 E SEVEN MILE RD DETROIT MI 48234	38-3635400		116,117		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) PINNACLE PREVENTION 250 S ARIZONA AVE CHANDLER AZ 85225	46-4574172	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) PRINCE VALLEY MARKET 5931 MICHIGAN AVE DETROIT MI 48210	46-1433706		210,104		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) PRODUCE PERKS MIDWEST 3600 PARK 42 DR STE 105A CINCINNATI OH 45241	47-5000763	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) PUBLIC FOODS 16226 WARREN AVE DETROIT MI 48224	38-3631131		37,739		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) RANDY NELSON FARM INC 11108 GORDON GRANT MI 49327	38-2814420		22,386		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) RHODE ISLAND PUBLIC HEALTH 383 W FOUNTAIN ST STE 101 PROVIDENCE RI 02903	05-0474726	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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2021

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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(1) RURAL ADV FOUNDATION INTERN PO BOX 640 PITTSBORO NC 27312	56-1704863	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) SEACOAST EAT LOCAL 2 WASHINGTON ST STE331 DOVER NH 03820	45-2547575	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) SEAWAY MARKETPLACE 18330 W CHICAGO ST DETROIT MI 48228	20-1634432		89,966		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) SHOPRIGHT OF KEARNY 100 PASSAIC AVE KEARNY NJ 07032	22-1608007		44,731		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) SHOPRIGHT OF E ORANGE 733 MOUNTAIN AVE SPRINGFIELD NJ 07081	22-1576170		52,830		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) SHOPRIGHT OF NEWARK 206 SPRINGFIELD AVE NEWARK NJ 07103	46-3971729		75,260		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) SOUTH DAKOTA STATE UNIVERSI EXTENSION OFFICE SWG212 227 BROOKINGS SD 57007	46-6000364				CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) SPARTAN STORES LLC 1523 MOMENTUM PLACE CHICAGO IL 60689	38-2750461		2,567,454		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) SPUR 654 MISSION ST SAN FRANCISCO CA 94105-4015	94-1498232	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) SUPER GREEN MARKET 3321 E PARIS AVE SE GRAND RAPIDS MI 49512	45-3535036		14,752		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) SUSTAINABLE FOOD CENTER 2921 E 17TH ST BLDG C AUSTIN TX 78702	74-2441468	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) THE CORNER MARKET 6039 E STANTON RD STANTON MI 48888	47-0902841		27,794		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) THERIZO FOUNDATION 1636 SMITH LAKE RD BROOKHAVEN MS 39601	83-4648175	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) TOWN & COUNTRY SUPERMARKET 1824 PORTAGE ST KALAMAZOO MI 49001	38-3258753		120,626		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) TRAVERSE CITY DDA 303 E STATE ST STE C TRAVERSE CITY MI 49684	38-2289035		16,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) UNITED SUPERMARKETS LLC 7830 ORLANDO AVE LUBBOCK TX 79423	75-0916445		138,650		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) UNIVERSITY FOODS 1131 WEST WARREN AVE DETROIT MI 48201	38-2281609		147,741		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) UC SAN DIEGO 9500 GILMAN DR 0009 LA JOLLA CA 92093-0009	95-6006144				CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) URBAN HARVEST 3302 CANAL ST STE 73 HOUSTON TX 77003	76-0501430	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) YIVA FARMS PO BOX 1714 MOUNT VERNON WA 98273	20-4396437				CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WV FOOD & FARM COALITION 3820 MACCORKLE AVE SE CHARLESTON WV 25304	46-2706460	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) WESTERN MARKET 447 W 9 MILE RD FERNDALE MI 48220	38-2461044		92,888		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) WHOLESOME WAVE GEORGIA 777 CLEVELAND AVE SW ATLANTA GA 30315	45-6816906	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) WRIGHTS MARKET 603 PLEASANT DR OPELIKA AL 36801	51-0436165		20,621		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) YMCA OF GREATER GRAND RAPID 475 LAKE MICHIGAN DR NW GRAND RAPIDS MI 49504	38-1358058	501C3	8,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) YOUNGSTOWN NEIGHBORHOOD DEV 820 CANFIELD RD YOUNGSTOWN OH 44511	26-4117989	501C3			CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) YPSILANTI FOOD CO-OP 312 N RIVER ST YPSILANTI MI 48198	38-2319868		9,377		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) 7 MILE FOODS 8139 E 7 MILE DETROIT MI 48234	38-3252668		58,845		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) AUBURN UNIVERSITY 210 SPIDLE HALL AUBURN UNIVERSITY AL 36849	63-6000724		135,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) BATTLE CREEK FARMERS MKT AS 14302 EAST OP AVE CLIMAX MI 49034	30-0179109		9,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BLOCKS FARM STAND 29160 EUREKA RD ROMULUS MI 48174	38-3542321		57,386		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) CITY GREEN INC 171 GROVE ST CLIFTON NJ 07013	20-1065250		75,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) COMM OUTREACH & PATIENT EMP 208 W COAL AVE GALLUP NM 87301	46-5551998		49,960		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) COMMUNITY PARTNERS PO BOX 741265 LOS ANGELES CA 90074	95-4302067		50,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) FRIENDS OF ZENGER FARM 11741 SE FOSTER RD PORTLAND OR 97266	93-1269630		39,280		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) FUNGIBLE FOOD STORE LLC 17618 NORWOOD RD SANDY SPRING MD 20860	87-0969235		25,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) HARDINGS MARKET 1000 E CORK ST KALAMAZOO MI 49001	38-2040357		14,760		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) HARDINGS MARKET GALESBURG 54 W MICHIGAN GALESBURG MI 49053	38-2040357		7,085		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) KEWEENAW CO OP 1035 ETHEL AVE HANCOCK MI 49930	27-1403038		18,511		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) KOKUA KALIHI VALLEY COMP FA 2239 N SCHOOL ST HONOLULU HI 96819	99-0149797		50,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEDITERRANEAN ISLAND FOODS 4301 KALAMAZOO AVE SE GRAND RAPIDS MI 49508	38-3330122		7,194		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) NEW BALTIMORE FARMERS MARKE PO BOX 116 NEW BALTIMORE MI 48047	37-1655767		5,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) ORYANA COMMUNITY COOP WEST 260 E 10TH ST TRAVERSE CITY MI 49684	38-2066104		22,126		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) PEOPLES FOOD COOP 216 N 4TH AVE ANN ARBOR MI 48104	23-7199997		5,680		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) NORTHERN FARM MARKET 15605 34 MILE RD ARMADA MI 48005	26-0266249		5,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6) PUBLIC HEALTH INST OF MET C 180 N MICHIGAN CHICAGO IL 60640	36-3959353		39,830		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(7) SHOPPERS MARKETPLACE 1571 HOLMES RD YPSILANTI MI 48198	85-0730564		37,355		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(8) SPEYERS FARM MARKET 6444 EASTERN AVE SE GRAND RAPIDS MI 49508	38-1581071		8,402		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(9) SUN VALLEY SUPERMARKET 9291 TELEGRAPH RD REDFORD MI 48239	82-5217330		6,902		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(10) TOGETHER WE CAN VEGAS ROOTS 715 N TONOPAH DR LAS VEGAS NV 89106	27-1727391		20,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOWN & COUNTRY SUPERMARKET 704 S MARBLE SST PINCONNING MI 48650	47-3322460		21,401		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(2) TOWN & COUNTRY SUPERMARKET 205 E CAPITAL AVE JACKSON MI 49201	26-2019017		9,033		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(3) TOWN & COUNTRY SUPERMARKET 71 124 AVE SHELBYVILLE MI 49344	82-6727140		5,006		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(4) TULSA COMM FOUNDATION HCSI 7030 S YALE AVE STE 600 TULSA OK 74136	73-1554474		30,000		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(5) URBAN HARVEST 3302 CANAL ST STE 73 HOUSTON TX 77003	76-0501430		39,830		CASH		FUND DOUBLE UP FOOD BUCKS-STORES
(6)							
(7)							
(8)							
(9)							
(10)							

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

3 Enter total number of other organizations listed in the line 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 recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

01. Monitoring procedures (Part I, line 2)

THE ORGANIZATION WORKS CLOSELY WITH GRANT RECIPIENTS AND REVIEWS REPORTS REGULARLY REGARDING RECIPIENT'S USE OF FUNDS. UNUSED FUNDS ARE RETURNED TO THE ORGANIZATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	ORAN B HESTERMAN	(i)	334,480	25,602	0	0	13,577	373,659	0
1	CEO	(ii)	0	0	0	0	0	0	0
	KATHERINE KRAUSS	(i)	169,979	0	0	0	7,802	177,781	0
2	COO	(ii)	0	0	0	0	0	0	0
		(i)							
3		(ii)							
		(i)							
4		(ii)							
		(i)							
5		(ii)							
		(i)							
6		(ii)							
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

SCHEDULE L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PHASE 4 MEDIA	ENTITY OWNED BY A FAMILY MEMBER OF	5,450	PURCHASE OF VIDEO PRODUCTION SERVICES		X
(2)					
(3)					
(4)					
(5)					

Part V **Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

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Name of the organization
FAIR FOOD NETWORK INC

Employer identification number
26-4143394

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO SUBMISSON.

02. Conflict of interest policy compliance (Part VI, line 12c)

INTERESTED PERSONS ANNUALLY SIGN A STATEMENT INDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD TREASURER REVIEWED SALARY ANALYSES OF LIKE POSITIONS IN PHILANTHROPY AND THE NON PROFIT SECTOR, REVIEWED SALARY HISTORY OF PRESIDENT, AND A RESOLUTION WAS CREATED AND VOTED ON BY THE FULL BOARD DURING A REGULAR MEETING, STIPULATING COMPENSATION FOR PRESIDENT.

04. Governing documents, etc, available to public (Part VI, line 19)

AVAIABLE UPON REQUEST

05. Part III, response or note to any other line in Part III

LINE 4D - PAGE 2 WORK COLLABORATIVELY WITH COMMUNITY ORGANIZATIONS AND FUNDERS TO CREATE INCREASE ACCESS TO HEALTHY AND SUSTAINABLY GROWN FOOD FOR RESIDENTS WITH ALSO SUPPORTING LOCAL AGRICULTURE AND FOOD SYSTEMS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAIR FOOD NETWORK INC

Employer identification number

26-4143394

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec. 512(b)(13) controlled entity? Yes	(g) Sec. 512(b)(13) controlled entity? No
(1)	FAIR FOOD FUND, 46-1555654 1250 NORTH MAIN STREET ANN ARBOR MI 48104	MAKE LOANS TO BUSINESSED THAT CONNECT FARMERS	MI	501(C)(4)		FAIR FOOD NETWORK		X
(2)								
(3)								
(4)								
(5)								

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		x
b	Gift, grant, or capital contribution to related organization(s)	1b		x
c	Gift, grant, or capital contribution from related organization(s)	1c		x
d	Loans or loan guarantees to or for related organization(s)	1d	x	
e	Loans or loan guarantees by related organization(s)	1e		x
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		x
h	Purchase of assets from related organization(s)	1h		x
i	Exchange of assets with related organization(s)	1i		x
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		x
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		x
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
o	Sharing of paid employees with related organization(s)	1o	x	
p	Reimbursement paid to related organization(s) for expenses	1p		x
q	Reimbursement paid by related organization(s) for expenses	1q		x
r	Other transfer of cash or property to related organization(s)	1r		x
s	Other transfer of cash or property from related organization(s)	1s		x

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FAIR FOOD FUND	D	467,527	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► **Attach to your tax return.**

► **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
FAIR FOOD NETWORK INC	FORM 990 - 1	26-4143394

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ►	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,338

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property		34,301	7	HY	SL	2,450
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	21,788
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	