Form 990	
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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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



1,313,116.

Yes X No

No

Yes

D Employer identification number

(434) 409-0053

If "No," attach a list. See instructions

-*0290

E Telephone number

H(a) Is this a group return

for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

G Gross receipts \$

A For the 2022 calendar year, or tax year beginning and ending C Name of organization В Check if applicable: Address change FOODSHED CAPITAL Name change VIRGINIA FOODSHED CAPITAL Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 101 DEVON ROAD City or town, state or province, country, and ZIP or foreign postal code Amended return CHARLOTTESVILLE, VA 22903 Applica-tion pending F Name and address of principal officer: MICHAEL REILLY SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or HTTPS://FOODCAP.ORG/ J Website: K Form of organization: X Corporation Other L Year of formation: 2019 M State of legal domicile: VA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL STEWARDSHIP 1 vernance TO FARMS AND BUSINESSES SUPPORTING A LOCAL FOOD ECONOMY. 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)

Govel	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
s &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
Activities	6	Total number of volunteers (estimate if necessary)	6	7
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	500,389.	1,301,217.
evenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,561.	11,899.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	505,950.	1,313,116.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,000.	84,573.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,376.	343,768.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 22,770.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	136,833.	282,709.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	285,209.	711,050.
	19	Revenue less expenses. Subtract line 18 from line 12	220,741.	602,066.
or			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	1,196,275.	2,948,071.
t As d Bi	21	Total liabilities (Part X, line 26)	589,824.	1,739,554.
Eun	22	Net assets or fund balances. Subtract line 21 from line 20	606,451.	1,208,517.
Pa	rt II	Signature Block		
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is

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

Sign	Signature of officer			Date						
Here	MICHAEL REILLY, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	OLIVIA A. HUTTON, CPA	OLIVIA A. HUTTON,	CP 02/17	/23 self-employed	P00964688					
Preparer	Firm's name YOUNT, HYDE & BAR	BOUR, P.C.		Firm's EIN **-	***9263					
Use Only	Firm's address P.O. BOX 2560									
	WINCHESTER, VA 22	604-1760		Phone no. $540 -$	662-3417					
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions			Form 990 (2022)					

Form	990 (2022) FOODSHED CAPITAL	**-***0290 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
-	TO PROVIDE FINANCIAL STEWARDSHIP TO FARMS AND BUSINESSES	PROMOTING AN
	EQUITABLE AND REGENERATIVE LOCAL FOOD ECONOMY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
~		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	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 n	need by evenence
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 524,553. including grants of \$ 84,573.) (Revenue	
4a	(Code:) (Expenses \$524,553. including grants of \$84,573.) (Revenu LOAN FUND: THE ORGANIZATION'S LOAN FUND IS DESIGNED TO MA	
	MORE AVAILABLE AND ACCESSIBLE FOR FAMILY FARMERS AND FOOI	
	ENTREPRENEURS. THE ORGANIZATION WORKS WITH BORROWERS WHO	
	DISENFRANCHISED FROM THE TRADITIONAL FINANCIAL SYSTEM INC	
	LOW-INCOME/LOW-ASSET INDIVIDUALS AND FAMILIES, BLACK AND	
	FAMILIES, WOMEN AND NON-BINARY PEOPLE, IMMIGRANTS AND INI	
	COMMUNITIES, AS WELL AS OTHERS WHO HAVE BEEN OPPRESSED BY	
	ECONOMY AND SYSTEMIC DISCRIMINATION. THE FOCUS OF THE ORG	
	ON FARMS AND FOOD BUSINESSES DEDICATED TO USING RESILIENT	•
	REGENERATIVE, ECO-FRIENDLY PRACTICES THAT FOSTER SOIL HEA	
	BIODIVERSITY AND PRODUCE HEALTHY, CULTURALLY APPROPRIATE	FOOD FOR OUR
	LOCAL COMMUNITIES.	
4b	(Code:) (Expenses \$30,940. including grants of \$) (Revenue (Revenu((Revenue (Revenue (Revenue (Revenue (Revenu	,
	TRAINING AND TECHNICAL ASSISTANCE: THE ORGANIZATION'S CON	
	SERVICES ARE OFFERED TO ALL SMALL/MID-SCALE FARMS AND FOO	
	IN THE REGION, EVEN IF THEY ARE NOT BORROWING FUNDS. THE	
		IINARS, AND
	WORKSHOPS. FOR THE WORKSHOPS, THE ORGANIZATION OFTEN PART	
	EXPERTS WHO HAVE A PARTICULAR EXPERTISE. SINCE FARMERS LI	
	FROM OTHER FARMERS, THE ORGANIZATION STRIVES TO FIND EXPE	
	EITHER FARMERS THEMSELVES OR UNDERSTAND THE BUSINESS OF H	
	THOSE THAT ARE BORROWING FUNDS, THE ORGANIZATION STAYS IN	
	CONTACT WITH THE BORROWER, ASSISTING THEM IN ANY WAY POSS	
	THE SUCCESS OF THEIR BUSINESS AND THE REPAYMENT OF THE LO	DAN.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5555, 493.	/
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Form 990 (2022) FOODSHED CAPITAL
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	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	<u> </u>		<u> </u>
U	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			<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		<u> </u>
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		<u> </u>	<u> </u>
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X 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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u>
	complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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Form 990 (2022) FOODSHED CAPITAL
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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	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 of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
00	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			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	х	
00000		1c		(2022)
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Form	990 (2022) FOODSHED CAPITAL **-**0	290	P	age 5
Par				<u> </u>
			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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b	were not toy deductible?	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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?	70		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
-	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-	000	
232005	12-13-22	Form	990	(2022)

Form	990 (2022) FOODSHED CAPITAL		**_**			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and fo	or a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on 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 a	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	direc	t supervision			
	of officers, directors, 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	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, st	ockho	lders, or			
	persons other than the governing body?	X.		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	by the	e following:			
а	The governing body?			. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>10b</u>		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12 a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12 b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			. 12c	X	
13	Did the organization have a written whistleblower policy?					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 approva	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official					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 arrangen	ient w	ith a			77
	taxable entity during the year?			. <u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16 b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c))(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy,	and finan	cial	
	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 boo MUE OPCANTZANTON (A24) A00 0053	ks and	a records			
	THE ORGANIZATION - (434) 409-0053 101 DEVON ROAD, CHARLOTTESVILLE, VA 22903					
				F	000	(0000)
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FOODSHED CAPITAL

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Form 990 (2022)	FOODSHED CAPITAL	**-***0290	Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employe	ees, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	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	
•	e for all persons required to be listed. Report compensation for the ca ganization's current officers, directors, trustees (whether individuals c	, ,	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

FOODSHED CADIMAL.

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

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

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

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

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

(A) Name and title	(B) Average hours per	box,	not cl , unles	ss per	ition more son is	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHAEL REILLY EXECUTIVE DIRECTOR	40.00			x				65,000.	0.	0.
(2) HUNTER HOPCROFT	8.00			Δ				05,000.	0.	0.
CHAIRPERSON	0.00	х		x			\bigcirc	0.	0.	0.
(3) TRACEY WILEY	4.00					\mathcal{O}				
SECRETARY		X		X				0.	0.	0.
(4) KRISTEN SUOKKO	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(5) SHANTELL BINGHAM DIRECTOR	2.00	x						0.	0.	0.
(6) LEESA CHRISTIAN	2.00								0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(7) MICHAEL CARTER, JR.	2.00									
DIRECTOR		x						0.	0.	0.
(8) HARRISON RODAY	4.00									
TREASURER		Х		Х				0.	0.	0.
		1								
232007 12-13-22	<u>I</u>						I	1		Form 990 (2022)

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	990 (2022) FOODSHED									**_**	*029	90	Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) (B) Name and title Average hours per week (list any hours for				(do not check more than o box, unless person is both officer and a director/truster				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS	s c C/	(F) Estima amoun othe compens from t	ted t of r sation he
	related organizations below line)				Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela organiza	ated
										3			
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)						0		65,000. 0. 65,000.		0.0.0		0.0.0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) who	o re	ceived more than \$100,	000 of reportable	·	Yes	0 5 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp			3	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual	-		4	X
	rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors										!	5	X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								ensatior	n from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Con	(C) npensati	on
2	Total number of independent contractors (ir	•	ot lin	nited	d to t			ed	above) who received me	ore than			
	\$100,000 of compensation from the organiz	zation				C)						

Forn	n 990	0 (2	2022) FOODSHED C.	API'	TAL			**-***0	290 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a resp	onse d	or note to any lin	e 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
ς, ω	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	-	b	Membership dues 1b						
٦Ğ			Fundraising events 1c						
ifts LA			Related organizations 1d						
ai G			Government grants (contributions) 1e						
Sic			All other contributions, gifts, grants, and						
her		·	similar amounts not included above 1f	1.	301,217.				
ğţ		g	Noncash contributions included in lines 1a-1f		•				
anc			Total. Add lines 1a-1f			1,301,217.			
<u> </u>					Business Code				
¢	2	а							
Ś		b							
Ser		с							
Program Service Revenue		d					. 0.		
ő		е							
Å		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
			other similar amounts)			11,899.	2		11,899.
	4		Income from investment of tax-exempt b	ond p	roceeds				
	5		Royalties						
			(i) Rea	al	(ii) Personal				
	6	а	Gross rents 6a		•				
		b	Less: rental expenses 6b		·				
		с	Rental income or (loss) 6c			-			
			Net rental income or (loss)			ļ			
	7	а	Gross amount from sales of (i) Secur	ities	(ii) Other				
			assets other than inventory 7a	+					
		b	Less: cost or other basis	$\mathbf{\mathbf{\mathbf{A}}}$					
evenue			and sales expenses 7b						
evel			Gain or (loss)						
			Net gain or (loss)	·····					
Other R	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
		I -	Part IV, line 18						
			Less: direct expenses						
	٥		Gross income from gaming activities. Se						
	9	a	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activitie						
			Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invento	· •					
					Business Code				
snc	11	а							
nue		b							
ella		с							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,313,116.	0.	0.	11,899.
23200	9 12-	13-							Form 990 (2022)

Do r	Check if Schedule O contains a response not include amounts reported on lines 6b,	e or note to any line in t (A) Total expenses	<u>his Part IX</u> (B) Program service	(C) Management and	
7b, 8	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	84,573.	84,573.		
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	65,000.	50,659.	10,276.	
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	254,116.	198,051.	40,171.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	24,652.	19,213.	3,897.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	4,416.	4,416.		
с	Accounting	16,328.		16,328.	
d	Lobbying				
е	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 Sch 0.)	96,157.	49,257.	46,900.	
12	Advertising and promotion	5,552.		5,552.	
13	Office expenses	6,456.		6,456.	
14	Information technology	20,287.	15,811.	3,207.	
15	Royalties				
16	Occupancy	12,850.	12,850.		
17	Travel	14,923.	14,923.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	24,922.	24,922.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				

Form 990 (2022)

FOODSHED CAPITAL 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

-*0290 Page 10

(D) Fundraising expenses

X

4,065.

		03,000.	30,0331	10,270.	±,0051
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	254,116.	198,051.	40,171.	15,894.
8	Pension plan accruals and contributions (include				· · ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	24,652.	19,213.	3,897.	1,542.
11	Fees for services (nonemployees):				
	Management				
	Legal	4,416.	4,416.		
	Accounting	16,328.		16,328.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
' a					
y	column (A), amount, list line 11g expenses on Sch 0.)	96,157.	49,257.	46,900.	
12	Advertising and promotion	5,552.		5,552.	
12	Office expenses	6,456.		6,456.	
13 14		20,287.	15,811.	3,207.	1,269.
	Information technology Royalties	20,207.	13,011.	5,207.	1,200•
15	Royanies	12,850.	12,850.		
16	Occupancy	14,923.	14,923.		
17	Travel	14,943.	14,923.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24 022	24 022		
20	Interest	24,922.	24,922.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	26.000	26.000		
а	PROVISION FOR LOAN LOSS	36,000.	36,000.		
b	TRAINING	30,940.	30,940.		
С	DUES AND SUBSCRIPTIONS	13,878.	13,878.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	711,050.	555,493.	132,787.	22,770.
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)				
232010) 12-13-22				Form 990 (2022)
		10			
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FOODSHED CAPITAL

Form 990 (2022)

Part X Balance Sheet

1 2 3 4 5	Cash - non-interest-bearing Savings and temporary cash investments		1	(B) End of year
2 3 4	Savings and temporary cash investments		1	
3 4	Savings and temporary cash investments			1,591,911.
4	Diadage and events receivable, not		2	
-	Pledges and grants receivable, net	49,854.	3	377,456.
5	Accounts receivable, net		4	
	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	572,371.	7	969,545.
8	Inventories for sale or use		8	
9			9	
0a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
1	Investments - publicly traded securities		11	
2	Investments - other securities. See Part IV, line 11		12	
3	Investments - program-related. See Part IV, line 11		13	
4	Intangible assets		14	
5		5,774.	15	9,159.
6			16	2,948,071.
7	Accounts payable and accrued expenses	4,824.	17	29,554.
8	Grants payable		18	
9	Deferred revenue		19	
20			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	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	
3	Secured mortgages and notes payable to unrelated third parties		23	
.4	Unsecured notes and loans payable to unrelated third parties	585,000.	24	1,710,000.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part 2	K		
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	1,739,554.
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	952,704.
8	Net assets with donor restrictions	290,499.	28	255,813.
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
9	Capital stock or trust principal, or current funds		29	
0	Paid-in or capital surplus, or land, building, or equipment fund		30	
81	Retained earnings, endowment, accumulated income, or other funds		31	
2	Total net assets or fund balances	606,451.	32	1,208,517.
3			33	2,948,071. Form 990 (2022)
	9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2	 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10b 110a 10b 10b 110a 10b 10b 11carsets. Add lines 1 through 15 (must equal line 33) 2 Controlled entity or family member of any of these persons 3 Secured mortgages and notes payable to unrelated third parties 2 Cother liabilities (including federal income tax payables to related third parties. 2 Other liabilities. Add lines 17 through 25 2 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 3 Net assets with donor restrictions 3 Net assets with donor restrictions<!--</td--><td>9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 Investments - publicly traded securities 10b 1 Investments - publicly traded securities 10b 2 Investments - other securities. See Part IV, line 11 10c 3 Investments - program-related. See Part IV, line 11 5,774. 4 Intangible assets 5,774. 5 Other assets. See Part IV, line 11 5,774. 6 Total assets. Add lines 1 through 15 (must equal line 33) 1,196,275. 7 Accounts payable and accrued expenses 4,824. 8 Grants payable 7 9 Deferred revenue 7 1 Escrow or custodial account liability. Complete Part IV of Schedule D 2 2 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 3 3 Secured mortgages and notes payable to unrelated third parties 585,000. 5 Other liabilities. Including federal income tax, payables to related third parties 585,000.</td><td>9 Prepaid expenses and deferred charges 9 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1 Investments - publicly traded securities 11 1 Investments - other securities. See Part IV, line 11 12 1 Investments - other securities. See Part IV, line 11 13 4 Intargible assets 14 5 Other assets. See Part IV, line 11 5,7774. 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,196,275. 7 Accounts payable and accrued expenses 4,824. 9 Deferred revenue 19 0 Tax exempt bond liabilities 20 1 Ecorw or custodial account liability. Complete Part IV of Schedule D 21 1 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 3 Secured mortgages and notes payable to unrelated third parties 585,000. 24 4 Hat assets with donor restrictions 315,952. 27 </td>	9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 Investments - publicly traded securities 10b 1 Investments - publicly traded securities 10b 2 Investments - other securities. See Part IV, line 11 10c 3 Investments - program-related. See Part IV, line 11 5,774. 4 Intangible assets 5,774. 5 Other assets. See Part IV, line 11 5,774. 6 Total assets. Add lines 1 through 15 (must equal line 33) 1,196,275. 7 Accounts payable and accrued expenses 4,824. 8 Grants payable 7 9 Deferred revenue 7 1 Escrow or custodial account liability. Complete Part IV of Schedule D 2 2 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 3 3 Secured mortgages and notes payable to unrelated third parties 585,000. 5 Other liabilities. Including federal income tax, payables to related third parties 585,000.	9 Prepaid expenses and deferred charges 9 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1 Investments - publicly traded securities 11 1 Investments - other securities. See Part IV, line 11 12 1 Investments - other securities. See Part IV, line 11 13 4 Intargible assets 14 5 Other assets. See Part IV, line 11 5,7774. 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,196,275. 7 Accounts payable and accrued expenses 4,824. 9 Deferred revenue 19 0 Tax exempt bond liabilities 20 1 Ecorw or custodial account liability. Complete Part IV of Schedule D 21 1 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 3 Secured mortgages and notes payable to unrelated third parties 585,000. 24 4 Hat assets with donor restrictions 315,952. 27

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Form	1990 (2022) FOODSHED CAPITAL	**_**	0290	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 213) 1	16
1	Total revenue (must equal Part VIII, column (A), line 12)		$\frac{1,313}{711}$		50.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	000),4	<u>. 10</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			0.
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,		1 200) E	1 7
Da	column (B)) rt XII Financial Statements and Reporting	10	1,208	, ,),	1/•
га					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
				162	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)
	X				

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

I	Name	of the	e organization	

Nan												
Pa	rt I	Reason for Public (SHED CAPITA		**-***0290							
							ee instruction	5.				
	organ	ization is not a private found										
1		A church, convention of chu				n 170(b)(1	I)(A)(I).					
2		A school described in section										
3		A hospital or a cooperative					-	<u>-</u> .				
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 gov	•				.,					
7		An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in			
•		section 170(b)(1)(A)(vi). (C										
8		A community trust describe			-							
9		An agricultural research org										
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
10	X	university: An organization that norma		than 22 1/20/ of its supp	ort from o	ontribution	n momborshi	n food on	d aroon ronninto from			
10		activities related to its exem	•					-				
		income and unrelated busir		-					-			
		See section 509(a)(2). (Con					ice by the org					
11		An organization organized a	. ,	vely to test for public sa	fety See	section 50)9(a)(4).					
12	\square	An organization organized a						rv out the	purposes of one or			
		more publicly supported or										
		lines 12a through 12d that										
а		Type I. A supporting orga							giving			
		the supported organization										
		organization. You must c										
b		Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·		tion with its	s supporte	d organizatior	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	d with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness			
	_	_ requirement (see instructi										
е		Check this box if the orga					Type I, Type I	I, Type III				
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[
f		er the number of supported o	•									
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)			
		5		above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,			
Tota	ıl											

Schedule A	Form	990)	202
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		•		9		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		. (
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		\mathbf{O}				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			r	
14	Public support percentage for 2022 (I					14	%
15	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	-			4 is 33 1/3% or m	ore, check this bo	< and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

11110217 781823 19047100.0

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		109,105.	309,251.	483,340.	1301217.	2202913.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		100 105	200 051	102 240	1201017	000010
	Total. Add lines 1 through 5		109,105.	309,251.	483,340.	1301217.	2202913.
78	Amounts included on lines 1, 2, and			C	2		0
L	3 received from disqualified persons						0.
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			\mathbf{C}			0
	amount on line 13 for the year						0.
	Add lines 7a and 7b		+. 6				2202913.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						2202913.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	109,105.	309,251.	483,340.	1301217.	2202913.
	Gross income from interest,		105 / 1051	50572510	100,0100	100121/0	22029131
	dividends, payments received on	+					
	securities loans, rents, royalties, and income from similar sources			190.	5,561.	11,899.	17,650.
r	Unrelated business taxable income				.,	,	
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			190.	5,561.	11,899.	17,650.
	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.)		109,105.	309,441.	488,901.	1313116.	2220563.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, 1	fourth, or fifth tax y	vear as a section 5	01(c)(3) organizatic	on,
							X
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (line 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the						7 is not
-	more than 33 1/3%, check this box a	-	•				L
k	33 1/3% support tests - 2021. If the						nd
~~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		·····
2320	23 12-09-22					Schedule A	(Form 990) 2022

FOODSHED CAPITAL

1

2

3a

3b

3c

4a

4b

No Yes

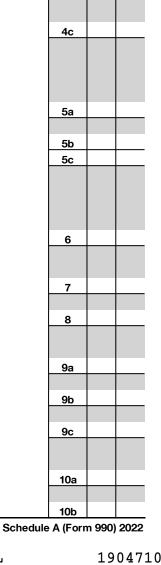
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form	1 990) 2022	FOODSHED	CAPITAL
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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		
Sec	tion 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		
Sec	tion 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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.*

с		The organization supported a gov	vernmental entity.	Describe in Part VI how	vou supported a governme	ntal entitv (see instructions).
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Sche	edule A (Form 990) 2022 FOODSHED CAPITAL			**-***0290 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		9	
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	/	
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting or	ganization (see
	instructions).			

Schedule A (Form 990) 2022

232026 12-09-22

FOODSHED CAPTTAL

Sche	dule A (Form 990) 2022 FOODSHED CAPI		*	*-***0290 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	FOODSHED CAPI	TAL	**-***0290 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an	rmation. Provide the exp 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a , lines 2 and 3; Part IV, Secti	lanations required by Part II, lin a, 9b, 9c, 11a, 11b, and 11c; Pa ion E, lines 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.
	(See instructions.)	. , ,		
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028 12-09-2	2			Schedule A (Form 990) 2
			20	

Department of the Treasury

(Form	990)
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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. OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

Employer identification number **-***0290

	FOODSHED CAPITAL		**-***0290
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Tabel such as about a forest		
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 v	writing that the assets held in donor advised fun	ds
	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 a	dvisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation essement on the last
~	day of the tax year.	ice conservation contribution in the form of a ce	Held at the End of the Tax Year
-			
a	Total number of conservation easements		
b			2b
c	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	Ifter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during the tax
	year		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		
	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	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and eaching $170/h/(1/D)/ii/0$		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Par		Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 95		ance sheet works
14	of art, historical treasures, or other similar assets held for put		
	· · ·		
L	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022
	09-01-22		
		27	

Sche		D CAPITAL					*0290	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 1	Freasures, o	r Other S	Similar Assets	s (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	ne following tha	t make sign	nificant use of its		
	collection items (check all that apply):							
а	Public exhibition	d		exchange progr				
b	Scholarly research	e	• Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	-	-	-	-		XIII.	
5	During the year, did the organization solicit of					_	-	
Der	to be sold to raise funds rather than to be ma						Yes	└── No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiz	ation answered	"Yes" on Fo	orm 990, Part IV,	line 9, or	
4-	· · · · · · · · · · · · · · · · · · ·							
18	Is the organization an agent, trustee, custod							
h	on Form 990, Part X?					····· ∟	Yes	└── No
D		and complete the lo	nowing table.				Amount	
с	Beginning balance					1c		
	Additions during the year					10 1d		
	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" or	Form 990, Par	t IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two yea	urs back (d	I) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities		+ 6					
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1g, columi	n (a)) held as:				
a L	Board designated or quasi-endowment Permanent endowment		%					
		%						
С	The percentages on lines 2a, 2b, and 2c sho							
39	Are there endowment funds not in the posse		ation that are held	hand administe	red for the			
ou	organization by:						[Yes No
	(i) Unrelated organizations	•					3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11	a. See Form 990), Part X, lin	ie 10.		
	Description of property	(a) Cost or o		ost or other	1	umulated	(d) Book	value
		basis (investr	nent) ba	sis (other)	depre	eciation		
	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other		1					
Iota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X column (R) lin	e 10c)				Ο.

Schedule D (Form 990) 2022

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	Complete if the organization answered "Yes" o		
a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
Financi	al derivatives		
Closely	held equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
E)			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
nrt VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" o	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 valu
1)			0.
2)			
3)			
<u>-,</u> 4)			
(5)			
(6)			
(7)			
(8) (9) al. (Col. (art IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
(9) 1. (Col. (Other Assets. Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.
(9) II. (Col. (Other Assets. Complete if the organization answered "Yes" o		
(9) II. (Col. (art IX	Other Assets. Complete if the organization answered "Yes" o		
(9) II. (Col. (art IX (1) (2)	Other Assets. Complete if the organization answered "Yes" o		
(9) il. (Col. (art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" o		
(9) I. (Col. (art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o		
9) I. (Col. (Irt IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" o		
(1) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o		
9) I. (Col. (art IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" o		
9) I. (Col. (int IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" o		
9) 1. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) 9)	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line	Description	
9) 1. (Col. (art IX (1) (2) (3) (3) (4) (5) (6) (7) (8) (9) (al. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) [Description	
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (1) (2) (1) (2) (1) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
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9) 1. (Col. (irt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (<i>Coll</i> irt X	Other Assets. Complete if the organization answered "Yes" of (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description	(b) Book value
9) I. (Col. (art IX (1) (2) (3) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X (1) Feed (1) Feed	Other Assets. Complete if the organization answered "Yes" of (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
9) 1. (Col. (Int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 9) 1. (Col. (The second	Other Assets. Complete if the organization answered "Yes" of (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
9) I. (Col. (Irt IX 2) 3) 4) 5) 6) 7) 8) 9) al. (Col. Irt X 1) Fec 2) 3)	Other Assets. Complete if the organization answered "Yes" of (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
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(9) il. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Coll (7) (8) (9) al. (Coll (3) (1) Fec (2) (3) (4) (5) (5) (6) (1) Fec (2) (3) (4) (5) (6) (1) Fec (5) (6) (6) (6) (7) Fec (6) (7) Fec (6) (6) (7) Fec (6) (7) Fec (6) (6) Fec (6) Fec (7) Fec (6) Fec (6) Fec (7) Fec (Other Assets. Complete if the organization answered "Yes" of (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
(9) i. (Col. (art IX (2) (3) (4) (5) (6) (7) (8) (9) al. (Coll. (7) (8) (9) (1) Fec (2) (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value
9) I. (Col. (art IX 2) 3) (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (1) Fec (2) (3) (4) (5) (4) (5) (6) (4) (5) (6) (6) (6) (7) (7) (8) (7) (8) (9) (1) (6) (7) (8) (7) (8) (9) (1) (6) (7) (8) (7) (8) (9) (1) (6) (7) (8) (9) (1) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" of (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	(b) Book value

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

Schedule D (Form 990) 2022

232053 09-01-22

FOODSHED CAPITAL Schedule D (Form 990) 2022

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" of	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 er	nd-of-year market value
(1)		<i>Q</i> ,	
(2)		30	
(3)			
(4)			
(5)			
(6)			
(7)	•		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value

Sche	Schedule D (Form 990) 2022 FOODSHED CAPITAL			**-***0290 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Rever	nue per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	1 Total revenue, gains, and other support per audited financial statements				116.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e		0.	
3	Subtract line 2e from line 1		3	1,313,	116.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b		4c		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		1,313,	<u>116.</u>		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expe	nses per Retur	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			711,	050.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e		0.	
3	Subtract line 2e from line 1		3	711,	050.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b		4c		0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			711,	050.	
Pa	rt 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,						

Provide the descriptions requ	red for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1D and 2D, Part V, line 4, Part 7	∧,⊺
lines 2d and 4b; and Part XII,	lines 2d and 4b. Also complete this part to provide any additional information.	

232054 09-01-22

SCHEDULE I Grants and Other Assistance to Organizations,					OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						2022		
Department of the Treasury Internal Revenue Service	Attach to Form 990.						Open to Public Inspection	
Name of the organization Employer ider							Employer identification number **-**0290	
FOODSHED Part I General Information on Grants a								
 Construction on Grants and Assistance 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 assis					, g		Yes X No	
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.				
Part II Grants and Other Assistance to recipient that received more than S					ganization answered "Y	′es" on Form 990, Part	t IV, line 21, for any	
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	
ACCELERATING APPALACHIA 310 S WINTER ST, PO BOX 3685 MIDWAY, KY 40347	••*:* <u></u> **-*	**2411	10,000.		FAIR VALUE		SUPPORT WOMEN & BIPOC OWNED FARMS	
GREENWAY, LLC 310 WEST MARSHALL ST RICHMOND, VA 23220			13,800.	0.	FAIR VALUE		RFSP GRANT SUBRECIPIENT	
KITCHEN TABLE CONSULTANTS 112 RIGHTERS FERRY RD BALA CYNWYD, PA 19004	••*:* <u></u> **-*	**1040	6,040.	0.	FAIR VALUE		RFSP GRANT SUBRECIPIENT	
ROBINIA GROUP, INC 530 JAMES RIVER RD WINGINA, VA 24599	••*:***	**409 <u>1</u>	46,033.	0.	.FAIR VALUE		RFSP GRANT SUBRECIPIENT	
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table			 	4.	

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
				8		
			G	5		
			10			
		+. C				
Part IV Supplemental Information. Provide the information req	uired in Part I, line	e 2; Part III, column	(b); and any other ad	l ditional information.		
		5				
	0					
V						

Schedule I (Form 990) 2022

Page 2

SCHEDULE	0
(Form 990)	

Name of the organization

Department of the Treasury Internal Revenue Service

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.



Employer identification number **-***0290

FOODSHED CAPITAL

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

COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR

REVIEW BEFORE IT IS FILED.

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

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS

PERIODIC REVIEWS ARE CONDUCTED TAX-EXEMPT STATUS, BY THE ORGANIZATION

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY

TO AND FINANCIAL STATEMENTS AVAILABLE THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES 46,900.

0.

49,257.

96,157.

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 96,157.

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

Schedule O (Form 990) 2022

232211 10-28-22