EXTENSION ATTACHED

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For t	he 2020 calen	dar year, or tax year beginning , 202	20, and endin	g		,	20	
В	Check	if applicable:	С			D Employ	er identi	fication number	
	A	ddress change	Rescuing Leftover Cuisine, Inc.			46-3	31984	412	
	□ _N	ame change	25 Broadway, 12th Floor			E Telepho	ne numb	per	
		itial return	New York, ÑÝ 10004			(646	5) 593	2-2229	
		nal return/terminated			-	(010	3 3 2	2 2223	
						G 0		4 222	106
	\vdash	mended return	F N		H(a) Is this a	G Gross re			7.7
	A _l	pplication pending	Robert Hee		` '				X No
			Same As C Above		H(b) Are all s	attach a list.	See inst	1? Yes	No
<u> </u>		exempt status:	X = 501(c)(3) 501(c) ()	or 527					
J			w.rescuingleftovercuisine.org		H(c) Group e		mber >	•	
K		n of organization:	X Corporation Trust Association Other►	L Year of formati	on: 2013	M s	tate of le	egal domicile: NY	
Pa	ırt I	Summar							
	1		be the organization's mission or most significant activities: T						
ģ			("RLC") is to become the world's most						
auc			viduals to eliminate food waste in the				.ng_f	<u>cood rescu</u>	.e
Ë			<u>ble and universal, and food hunger a t</u>						
Governance	2		if the organization discontinued its operations or di				- 1	sets.	
ص حد			oting members of the governing body (Part VI, line 1a)				3		13
S	4		dependent voting members of the governing body (Part VI, li			L	4		13
₩	5		of individuals employed in calendar year 2020 (Part V, line	•			5		13
Activities &	6		of volunteers (estimate if necessary)				6 7a	Τ(0,000
٧			ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, Part I, line 11				7a 7b		0.
	D	Net unrelated	i busilless taxable income from Form 990-1, Part 1, line 11				/D	0	<u>_</u>
	۰	Contributions	and grants (Part VIII line 1h)			rior Year	7.4	Current Ye	
e	8		and grants (Part VIII, line 1h)rice revenue (Part VIII, line 2g)			,461,6		4,093,	
Revenue	9	-	· · · · · · · · · · · · · · · · · · ·			180,4			911.
ş	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)			10 /	5.		096.
_	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) e – add lines 8 through 11 (must equal Part VIII, column (A)			13,4			741.
			imilar amounts paid (Part IX, column (A), lines 1-3)			<u>,655,5</u>	11.	4,232,	490.
	13								
	14	•	to or for members (Part IX, column (A), line 4)		000 0	450			
S	15		er compensation, employee benefits (Part IX, column (A), lin		390,2	64.	453,	839.	
nse	16a	Professional	fundraising fees (Part IX, column (A), line 11e)						
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ►	142,936.					
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		. 3	,082,770.		3,035,304.	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)			,473,0		3,489,	
	19		expenses. Subtract line 18 from line 12			182,5			353.
	-	1.010.100	- o.pococ. cubucc			g of Curren		End of Ye	
ts o	20	Total assets ((Part X, line 16)		Degillilli	296,9		1,162,	
\sse	21		s (Part X. line 26)			10,4			447.
Net Assets of Fund Balance	22						-	•	
Zű	22		fund balances. Subtract line 21 from line 20		•	286,5	25.	1,029,	8/8.
	rt II	Signatur							
Unde	er penal plete. D	lties of perjury, I de Jeclaration of prepa	eclare that I have examined this return, including accompanying schedules and starter (other than officer) is based on all information of which preparer has any known	atements, and to a will a second to a seco	the best of my	/ knowledge	and belie	ef, it is true, correct,	and
c:		Signatu	re of officer		Dat	е			
Siç He	JII ro	Dob	omt Too		CEO				
116	16		ert Lee print name and title		CEO				
		, ,	principalities and title Preparer's signature Preparer's signature	Date	I	Ohard I	T ₂ T ₁	PTIN	
_			1 Cala 11	9/28/		Check	⊒ "		
Pa		-	el Schall Michael Schall	9/20/	∠U∠ I	self-employe	ed .	P02024184	
Pro	epar	.	SCHALL & ASHENFARB CPAS						
US	e Or	ily Firm's addre	00: 0011 11107 10011 11001			Firm's EIN	1 3-	-4036703	
			NEW YORK, NY 10016			Phone no.	(212		
Ma	y the	IRS discuss th	is return with the preparer shown above? See instructions					. X Yes	No

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automat	ic 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).								
	tions required to file an income tax return other th			s, RE	MICs, and	trusts must					
use Form 7	7004 to request an extension of time to file incom Name of exempt organization or other filer, see instructions.	e lax returns	o.	Taxpa	yer identificat	ion number (TIN)					
Type or											
print	Rescuing Leftover Cuisine, In	C		46-	3198412	2					
File by the	Number, street, and room or suite number. If a P.O. box, see			120	10 0190112						
due date for filing your	25 Broadway, 12th Floor										
return. See instructions.	25 Broadway, 12th Floor City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
ii isti uctions.	New York, NY 10004										
Enter the R	Return Code for the return that this application is	for (file a se	parate application for each return)			01					
Application Is For	1	Return Code	Application Is For			Return Code					
	or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990-E		02	Form 1041-A			08					
Form 4720	(individual)	03	Form 4720 (other than individual)			09					
Form 990-F	PF	04	Form 5227			10					
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990-T	(trust other than above)	06	Form 8870			12					
If the orIf this is check to	ne No. • (646) 592-2229 rganization does not have an office or place of bus for a Group Return, enter the organization's fou his box •	r digit Group	e United States, check this box	this is	for the w	hole group,					
1 I required for the □		the organiz , and endir	ng, 20	zation							
	hange in accounting period			T	 I						
nonre	application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions	<u></u>	······································	3 a	\$	0.					
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme	6069, enter ent allowed a	any refundable credits and estimated as a credit	3 b	\$	0.					
c Balan EFTP	ice due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ur payment of instructions	with this form, if required, by using	3 с	\$	0.					
Caution: If payment in	you are going to make an electronic funds withdr structions.	awal (direct	debit) with this Form 8868, see Form 84	153-EC	and Forn	n 8879-EO for					

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
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		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2020) Rescuing Leftover Cuisine, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.0	X	
RA/	(gambling) winnings to prize winners?	1 c	A gan	(2020)

Form 990 (2020) Rescuing Leftover Cuisine, Inc.

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

			Yes	No
	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 13			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	tf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ı	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	s If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
		/1		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
١	Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.	.00		
ı	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			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Λ

Robert Lee 25 Broadway,

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

12th Floor New York NY 10004 (646) 592-2229

Form 990 (2020)	Rescuina	Leftover	Cuisine	Tnc
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1	6-	- 3	1	a	Q	1	1	2
4	ο-	- ၁	_	7	О	4	_	Z

Page 7

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

macpendent contractors	_
Check if Schedule O contains a response or note to any line in this Part VII.	Ш

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title		thar	n one s both dir	box, an c ector	unles	eck moss s personant and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Robert Lee	<u>60</u> _			Х				92,124.	0.	6,309.
(2) Lia Simeone	5			Λ				92,124.	0.	0,309.
Co-Chair	0	Х		Х				0.	0.	0.
(3) Ashish Contractor	5									
Co-Chair	0	Х		Χ				0.	0.	0.
(4) Colin Kim	5									
Treasurer	0	Х		Χ				0.	0.	0.
(5) Alexander Atzberger	5									
Director	0	Χ						0.	0.	0.
_(6) Hoi-Ling Wong	5									
Director	0	Χ						0.	0.	0.
(7) Maria Schneider	5	ļ								
Director	0	Х						0.	0.	0.
(8) Ying Laohachewin	5	ļ								
Director	0	Х						0.	0.	0.
_(9) Carrie Goldin	5	ļ .,								•
Director	0	Х						0.	0.	0.
(10) Jill Greenwald	5	3.7						0	0	0
Director	0 5	Х						0.	0.	0.
(11) Rohit Dave								0	0	0
Director	0	Х						0.	0.	0.
(12) Ed Casabian until 2/20	5	.,							0	•
Director	0	Х						0.	0.	0.
(13) Aditi Davray	5	v						0.	0.	0
Director (14) Bob Frenchman	0 5	Х						0.	0.	0.
Director	- 5 -	Х						0.	0.	0.
DITECTOI	U	Λ						U .	U.	U.

	VII Section A. Officers, Directors, Tru		103		•	_	· ·	u : : \	I mgnost con	pensatea Emp	oyees	(continued)
	(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle	ess pe	sition more erson directe	than is both or/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimat of compen- the org and	ed amount other sation from janization related jizations
(16) S	Goraya Depowski Director Ekye D'Almeida Until 1/20	5 0 5	X	413			led		0.	0.		0.
(17)			Λ						0.	0.		0.
(19)												
(20)												
(22)			•									
(24)												
(25) 1 b S	ubtotal							•	92,124.	0.		6,309.
c T d T 2 T	otal from continuation sheets to Part VII, Section otal (add lines 1b and 1c)otal number of individuals (including but not limited om the organization	on A						► ved	0. 92,124.	0. 0.	ensation	0.
3 D	id the organization list any former officer, direct	tor, truste h individu	e, ke	ey e	mplo	oyee	e, or	high	nest compensated	employee	. 3	Yes No
th s	or any individual listed on line 1a, is the sum of ne organization and related organizations greate uch individualid any person listed on line 1a receive or accrue	r than \$1	50,00)0? 	<i>lf '</i> }	/es,	com	iple 	te Schedule J for		. 4	X
Section 1 C	or services rendered to the organization? If 'Yes on B. Independent Contractors omplete this table for your five highest compens	,' comple	te So	den	dule t co	<i>J fo</i> ntrad	r suc	tha	erson	nan \$100,000 of		Х
C	ompensation from the organization. Report compens (A) Name and business addr		the c	alen	dar <u>:</u>	year	endi	ng v	vith or within the or (B) Description o	ĺ	Comper) Isation
Calli	ope Consulting 169 Edwards Road Parsi	ppany, l	NJ O	705	4				Software Deve	lopment	12	25,163.
	otal number of independent contractors (including b		ited to	o the	se I	isted	d abo	ve)	who received more	than		

Form 990 (2020) Rescuing Leftover Cuisine, Inc. 46-3198412 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaig	ıns .		1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues.			1 b					
, G	С	Fundraising events			1 c					
iifts ar A	d	Related organization	ns .		1 d					
", G		Government grants (conf		l.	1 e	8,000.				
Sign		All other contributions, of	gifts, ç	grants, and		0,000.				
uti her		similar amounts not incl			1 f	4,085,748.				
걸	g	Noncash contributions in lines 1a-1f			1 g	2,577,550.				
Contributic and Other	h	Total. Add lines 1a				<u> </u>	4,093,748.			
						Business Code	4,033,740.			
Program Service Revenue	2 a	Earned Incom	ne			900099	132,911.	132,911.		
Rev	b					3 0 0 0 3 3	102,011	101/311		
ice	С									
er.	d									
ε	е									
gra	f	All other program s	ervi	ce revenu	e					
윤	g	Total. Add lines 2a	-2f		.		132,911.			
	3	Investment income (inclu	dina divide	nds. ir	nterest, and				
	-	other similar amou	nts).				3,096.			3,096.
	4	Income from invest	tmen	nt of tax-e	xempt	bond proceeds >				
	5	Royalties				▶				
				(i) Re	eal	(ii) Personal				
			6a							
		Less: rental expenses	6b							
		Rental income or (loss)								
	d	Net rental income	or (lo							
	7 a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		` ,	7c							
	d	Net gain or (loss).			· · · <u>· · ·</u>	▶				
enne	8 a	Gross income from fund (not including \$	raisin	g events						
224		of contributions reported	d on li	ne 1c).						
Other Re		See Part IV, line 18			88	1				
ક્	b	Less: direct expens	ses.		81)				
퓽	С	Net income or (loss	s) fro	om fundra	ising e	vents				
-	9 a	Gross income from gami See Part IV, line 19	ing ac	tivities.	9 a					
	b	Less: direct expens			91					
		Net income or (loss								
		Gross sales of inventory								
	iva	returns and allowances.			10	a				
	b	Less: cost of goods	s sol	d	101	b				
	С	Net income or (loss	s) fro	om sales o	of inve	ntory				
S		· · · · · · · · · · · · · · · · · · ·	-		Ī	Business Code				
ᅙᇸ	11 a	Other_Income	9			900099	2,741.			2,741.
Miscellaneous Revenue	b						, = -			, <u> </u>
₩ ₩	С									
<u>ଓ</u> ଅ	d	All other revenue.								
Σ	е	Total. Add lines 11	a-11	d			2,741.			
	12	Total revenue See	inct	ructions		•	1 222 106	122 011		E 027

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).

Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		одренеее	general expenses	окранесс
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 5	Benefits paid to or for members	102,060.	30,618.	20,412.	51,030.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	285,870.	247,242.	0.	38,628.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,730.	4,939.	6.	785.
9	Other employee benefits	28,053.	22,161.	744.	5,148.
10	Payroll taxes	32,126.	23,232.	1,612.	7,282.
11	Fees for services (nonemployees):			·	
	Management				
	Legal				
	: Accounting	77,136.		77,136.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	(A) amount, list line 11g expenses on Schedule O.)	45,813.		22,063.	23,750.
	Advertising and promotion	48,080.		48,080.	1 050
13	Office expenses	52,453.	3,977.	46,624.	1,852.
14	Information technology				
15 16	Royalties Occupancy	23,712.	17,147.	1,190.	5,375.
17	Travel	23,112.	17,147.	1,190.	5,515.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,363.		1,363.	
20	Interest				
21	Payments to affiliates				
22	' ' '	40,082.	28,985.	2,011.	9,086.
23	Insurance	1,122.		1,122.	
24	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.)				
а	Food Distributed	2,577,550.	2,577,550.		
b	Program Expenses	167,731.	167,731.		
	Printing and Publications	262.		262.	
C	` -				
	All other expenses.	2 400 140	2 102 500	000 005	140 000
	Total functional expenses. Add lines 1 through 24e	3,489,143.	3,123,582.	222,625.	142,936.
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)				

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	·
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			105,919.	1	769,244.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			110,243.	3	193,945.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer I contribut	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p		<u> </u>			
	O	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		7			
Ø	8	Inventories for sale or use		L		8	
šet	9	Prepaid expenses and deferred charges		-		9	F 70 <i>C</i>
Assets	-		1 1			9	5,786.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		228,981.			
	b	Less: accumulated depreciation		51,541.	80,216.	10 c	177,440.
	11	Investments — publicly traded securities		-	597.	11	15,910.
	12	Investments – other securities. See Part IV, line 11		⊢		12	
	13	Investments – program-related. See Part IV, line 11.		-		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		296,975.	16	1,162,325.
	17	Accounts payable and accrued expenses			10,386.	17	43,647.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue	_		19		
	20	Tax-exempt bond liabilities		_		20	
ies	21	Escrow or custodial account liability. Complete Part		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>	64.	24	88,800.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		01.	25	00,000.
	26	Total liabilities. Add lines 17 through 25			10,450.	26	132,447.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► ∑	X			
a	27				286,525.	27	616,206.
Ba	28	Net assets with donor restrictions			28	413,672.	
nd		Organizations that do not follow FASB ASC 958, che	ck here	· 🗆 [,
丑		and complete lines 29 through 33.					
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm			30		
SS	31	Retained earnings, endowment, accumulated income	, or other	funds		31	
t A	32	Total net assets or fund balances			286,525.	32	1,029,878.
ž	33	Total liabilities and net assets/fund balances			296,975.	33	1,162,325.
RΔ	Λ		TEEA0111L	10/07/20	•		Form 990 (2020)

Part XI Reconciliation of Net Assets						
Check if Schedule O contains a response or note to any line in this Part XI.						
1 Total revenue (must equal Part VIII, column (A), line 12)	. 1		4,23	32,4	96.	
2 Total expenses (must equal Part IX, column (A), line 25)	. 2		3,48	39,1	43.	
3 Revenue less expenses. Subtract line 2 from line 1	. 3		7	43,3	53.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		28	36,5	525.	
5 Net unrealized gains (losses) on investments	. 5					
6 Donated services and use of facilities	. 6					
7 Investment expenses	. 7					
8 Prior period adjustments	. 8					
9 Other changes in net assets or fund balances (explain on Schedule O)	. 9				0.	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
column (B))	. 10		1,02	29,8	78.	
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revies separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
b Were the organization's financial statements audited by an independent accountant?			2b	Χ		
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						
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		j	
BAA TEEA0112L 10/19/20		F	orm	990 ((2020)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer Identification number											
	Rescuing Leftover Cuisine, Inc. Part I Reason for Public Charity Status. (All organizations must complete this part I						46-3198412				
								truction	ons.		
The o	rga	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17	0(b)(1)(A	\)(iii).				
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(ii	i). Ente	er the ho	spital's	
	name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	t or from the genera	ıl public	describe	ed	
8		A community trust described		A)(vi). (Complete Part I	1.)						
9		An agricultural research organia				oniunctio	on with a land-grant	college	<u>.</u>		
J		or university or a non-land-gran							•		
		university									
10	Г	An organization that normally									
		from activities related to its envestment income and unrel June 30, 1975. See section 5	exempt functions, sub lated business taxabl	oject to certain exception e income (less section	ns; and	(2) no r	more than 33-1/3%	of its	support	from gross	
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12		An organization organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to car	ry out	the purp	oses of one	
		or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio	on 509(a))(2). See section 5	09(a)(3	B). Check	the box in	
а		Type I. A supporting organization				•		-	ne sunna	ted	
_		organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	t a majority of the directo	rs or trus	stees of t	the supporting organ	ization.	You mu	st	
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s) the supported organ	, by ha nization	ving cor n(s). You	ntrol or	
С		Type III functionally integrated. organization(s) (see instruction		tion operated in connectio	n with, a	nd function	onally integrated with	, its su	pported		
d											
u		Type III non-functionally integrated. The constructions). You must com	organization generally	must satisfy a distribu	tion req	with its s uiremen	t and an attentiver	on(s) tr iess re	quireme	nt (see	
е		Check this box if the organize integrated, or Type III non-fu	ation received a writt nctionally integrated	en determination from t supporting organization	the IRS	that it is	a Type I, Type II,	Type I	II function	onally	
f	Er	nter the number of supported of									
g	Pr	ovide the following information	n about the supported	d organization(s).							
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed poverning ment?	(v) Amount of monet support (see instruction			ount of other ee instructions)	
					Yes	No					
(A)											
、,											
<u>(B)</u>											
(C)											
(D)	(D)										
(E)											
(-)											
T - 4 - 1											

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

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

Sec	tion A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,233,679.	1,516,185.	2,148,082.	3,461,674.	4,093,748.	12,453,368.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,233,679.	1,516,185.	2,148,082.	3,461,674.	4,093,748.	12,453,368.	
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)						4,490,330.	
6	Public support. Subtract line 5 from line 4						7,963,038.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	1,233,679.	1,516,185.	2,148,082.	3,461,674.	4,093,748.	12,453,368.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				5.	3,096.	3,101.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	49,236.	60,626.	56,387.	13,479.	2,741.	182,469.	
	Total support. Add lines 7 through 10						12,638,938.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	484,149.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20						63.00%	
15	Public support percentage from	2019 Schedule A,	Part II, line 14				63.03%	
16a	6a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a	nd-circumstances	test, check this	box and stop here	Explain in Part	VI how the	
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►	

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

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

Sec	tion A. Public Support	<u> </u>	picase complete	,			
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,	.,		, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•		1	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in 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.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	•		-		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
	Investment income percentage for	•		-	* * * *		00
	Investment income percentage fi						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
b	If 'Yes,' provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9a 9b		
c	Did a disqualified person (as defined in 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 .	9b 9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes.'			
b	answer line 10b below. 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.).	10a 10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	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 ch 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).					
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
organization's tax year, (i) a written notice of		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Page Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or 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		2b			
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	anizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	v. 20, 1970 (explain ii t complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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 into	egrated	Type III supporting or	ganization

(see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2020

Pai	ব V │Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)					
Section D — Distributions							
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
_ 7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details						
	in Part VI). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9	_				
10	Line 8 amount divided by line 9 amount	10					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Ea	000 000 EZ\ 000

BAA

Schedule A (Form 990 or 990-EZ) 2020

46-3198412

Page 8

Part VI

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

Part II, Line 10 - Other Income

Nature and Source			2020	 2019	 2018	 2017	 2016
Special events Other income		Ś	2,741.	\$ 13,479.	\$ 56,387.	\$ 60,626.	\$ 49,236.
00.102 2.100.110	Total	\$	2,741.	\$ 13,479.	\$ 56,387.	\$ 60,626.	\$ 49,236.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

Res	scuing Leftover Cuisine, Inc.	46-3198412
Par		
ı aı	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	or advised funds
6		
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other puimpermissible private benefit?	urpose conferring Yes No
Par	rt II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form clast day of the tax year.	of a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
i	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (a)	
	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic	
	structure listed in the National Register.	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handl	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservati ▶\$	ion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	xpense statement and balance sheet, and cribes the organization's accounting for
Dai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in f Part XIII the text of the footnote to its financial statements that describes these items.	ement and balance sheet works of art, urtherance of public service, provide in
l	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in furtherar following amounts relating to these items:	nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.	•
	(ii) Assets included in Form 990, Part X	-
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:	
	a Revenue included on Form 990, Part VIII, line 1.	_
- 1	b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai i reasures, or	Other Similar Ass	sets (continuea)		
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):						
a Public exhibition	d Loan o	or exchange program				
b Scholarly research	e Other					
c Preservation for future generations	<u> </u>					
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	'	Yes No		
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if t Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,		
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	r assets not included	☐ Yes ☐ No		
b If 'Yes,' explain the arrangement in Part XIII a						
	·			Amount		
c Beginning balance			1с			
d Additions during the year			1 d			
e Distributions during the year			1 e			
f Ending balance			1f			
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No		
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	nation has been provided	d on Part XIII			
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	<u>rm 990, Part IV, li</u>	ne 10.		
(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
q End of year balance						
2 Provide the estimated percentage of the curre	ent year end halance (lin	e 1g column (a)) held a				
a Board designated or quasi-endowment ►	%	e rg, coluitiii (a)) field a	15.			
b Permanent endowment ►						
<u> </u>	equal 100%					
The percentages on lines 2a, 2b, and 2c should equal 100%.						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No						
(i) Unrelated organizations				3a(i)		
(ii) Related organizations				3a(ii)		
b If 'Yes' on line 3a(ii), are the related organiza				3b		
4 Describe in Part XIII the intended uses of the	·					
Part VI Land, Buildings, and Equipment.						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
Description of property	(a) Cost or other basis			(d) Book value		
Description of property	(investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u) book value		
1 a Land	, ,	. ,				
b Buildings				_		
c Leasehold improvements						
d Equipment		228,981.	51,541.	177,440.		
e Other			·			
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	column (B), line 10c.)		177,440.		

Schedule D (Form 990) 2020

(E) (F)	Part VII	Investments – Other Securities.	'Voc' on Form 99	N/A D. Part IV line 11h See Form 9	ION Part V line 13
(1) Financial derivatives	(a) Descr				
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (9) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10			(B) Book value	(c) method of variation, bost of one of	1 your market value
(3) Other (4) (5) (5) (6) (7) (7) (8) (9) (9) (11) (11) (11) (12) (13) (14) (14) (14) (15) (15) (15) (15) (15) (15) (15) (15		_			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		' '			
(5) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
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(E) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)				
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Total. (Column (b) must equal Form 990, Part X, column (B) line 12.). Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 1: (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-y					
Part VIII Investments - Program Related. Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 12					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain					

Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, P.	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	4,232,496.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d.		2 e	
3 Subtract line 2e from line 1		3	4,232,496.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	4,232,496.
D. JVII D. W. C. C. A. W. LEY MICH.		_	
Part XII Reconciliation of Expenses per Audited Financial Statemer		Return.	ı
Complete if the organization answered 'Yes' on Form 990, P		Return.	•
	art IV, line 12a.	Return.	3,489,143.
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2a 2b	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments.	2a 2b 2c	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2a 2b 2c 2d	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	2a	1	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2e	3,489,143.
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2e	3,489,143.
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1 2e 3	3,489,143.
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2e	3,489,143.

Part XIII | Supplemental Information.

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

Part X - FASB ASC 740 Footnote

The Organization does not believe its financial statements include any material, uncertain tax positions. Tax filings for the period ended December 31, 2017, and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Rescuing Leitover Cuisine, Inc. [46-3198412					
Part I Types of Property					
·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990,	(d) Method of determining noncash contribution amounts	

				Part VIII, line 1g				
1	Art — Works of art							
2	Art — Historical treasures							-
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
	Food inventory.	X	245	2,577,550.	3rd	Party	Val.	
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts.							
	Other ()							
26	Other ► ()							
27	Other ()							
	Other► ()							
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				29			
	organization completed form 0200, fair v, bonec	Ackilowice	igement		LJ		Yes	No
							103	110
30a	During the year, did the organization receive by contri it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?		•			30 а		Х
b	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police	cy that requ	ires the review of any r	nonstandard contributio	ns?	31		Х
	Does the organization hire or use third parties or noncash contributions?	elated orga	nizations to solicit, prod	cess, or sell		32a		X
h	If 'Yes,' describe in Part II.					32 a		Λ
	If the organization didn't report an amount in column describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	cked,			

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 08/18/20 Schedule M (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Rescuing Leftover Cuisine, Inc.

46-3198412

Employer identification number

Form 990. Part III. Line 1 - Organization Mission

The mission of Rescuing Leftover Cuisine ("RLC") is to become the world's most widely used solution for companies and individuals to eliminate food waste in their communities, making food rescue sustainable and universal, and food hunger a thing of the past.

Form 990, Part III, Line 4a - Program Service Accomplishments

The largest program in 2020 continued to be a food rescue operation established with KIND Snacks. In three warehouses in California, New Jersey, and Pennsylvania, KIND Snacks produces large amounts of food including bars, grains, and cereals. RLC works with the corporate KIND Snacks offices on a monthly basis to get obsolete inventory donated that is on average thousands of pounds of boxes of food that would otherwise been thrown out. More than 100,000 people and children have benefitted from the healthy food donated by KIND Snacks. In 2020, the partnership resulted in 659,629 pounds of food rescued.

The second largest program service in 2020 was a food rescue operation established with PepsiCo. In Portland, Oregon, a PepsiCo factory of Frito Lays produces large amounts of snacks including chips, pretzels, and others. RLC works with this Frito Lays factory as needed, picking up on average thousands of pounds of boxes of snacks that would otherwise been thrown out, and deliver it by truck to many homeless shelters and soup kitchens around the Portland area. More than 1,000 people benefit from the food donated by Frito Lays on EACH delivery. In 2020, the partnership resulted in 125,526 pounds of food that would have been thrown out to accompany meals fed to those in need.

Name of the organization

Rescuing Leftover Cuisine, Inc.

Employer identification number
46-3198412

Form 990, Part III, Line 4a - Program Service Accomplishments

established in August of 2020 in response to the COVID-19 pandemic. Grubhub awarded RLC a \$150,000 grant through its Community Relief Fund that was distributed evenly between RLC's NYC and Massachusetts branches. Through this grant RLC purchased meals from minority-owned restaurants and delivered them to human service agencies in NYC and Boston, where they were distributed to the food insecure communities they serve that grew significantly in 2020 due to the effects of COVID-19. A portion of the meals in Boston were delivered to homes across Boston as well through a new partnership with Boston's public schools. 14,374 pounds of food were delivered to NYC human service agencies and 14,688 pounds were delivered in Massachusetts in 2020, totaling 29,062 pounds of food delivered through the newly established Grubhub meal program. Grubhub has awarded RLC a subsequent \$550,000 through its Community Relief Fund in two separate installments so that this program is able to continue into 2021 and beyond.

Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a board-approved conflict of interest policy. Each board member fills out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions. This usually occurs in the first quarter of the year.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Each year, the executive committee reviews comparable salaries based on a recognized study and reviews the performance of the CEO to determine if the existing salary falls within these ranges. After a deliberation of this matter, a new proposed

Name of the organization	Employer identification number
Rescuing Leftover Cuisine, Inc.	46-3198412

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

salary and benefit package is voted on.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.