

GFI's Form 990 (for the year 2022)

The Good Food Institute (GFI) is funded by the philanthropic support of our global family of donors. Our mission is ambitious, and GFI is planning for the organizational growth necessary to effect the transformation of the global food system. Our leadership team prioritizes organizational sustainability to ensure that we can focus on the highest-impact activities while maintaining sufficient reserves to weather external factors that may impact future fundraising. This statement outlines how our 2022 Form 990 reflects our commitment to resilience and aligns with our organizational budgeting process.



Fiscal sustainability strategy

Our generous donor community has made it possible for GFI to set our 2023 operating budget at \$32 million to fund the work of our six organizations around the world.

As a nonprofit organization, GFI uses accrual accounting, which requires recording revenue when it is pledged, not when receiving payment. In 2021, GFI's Form 990 reflected revenues of \$43.5 million and pledges and grants receivable of \$15.2 million, much of which were multi-year pledges with payments to be received in future years. While our 2022 Form 990 shows total revenues of \$15.8 million and expenses of \$22.8 million, not reflected in are payments on previously pledged grants received in 2022.



Operating reserve

As an organization supported by gifts and grants, it is vital that GFI maintain a sufficient operating reserve to sustain our programmatic impact. GFI's goal is to maintain a reserve equal to at least 12 months of operating costs (unrestricted net assets). On December 31, 2021, and 2022, GFI had reserves

totaling \$36 million and \$38 million, or 13 and 14 months of operating costs (based on 2023 budgeted expenses). This reserve is our safety net, protecting GFI's mission against external factors beyond our control that could impact future fundraising. Financial stability also enables GFI to recruit and retain high-quality team members.



** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning ar	nd ending		
3 C	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	THE GOOD FOOD INSTITUTE, INC			
	Name change			81-08405	78
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er .
	Final return/	2503D N HARRISON ST.	19	202-596-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,883,260.
	Ameno return	ARLINGION, VA 22207		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: IDIA Shelman		for subordinates	····· = =
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	1 ′	list. See instructions
	Vebsit	e: GFI.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number M State of legal domicile: DE
	art I	Summary	L Year	or formation: ZUIJ	VI State of legal domicile: DE
	_	Briefly describe the organization's mission or most significant activities: WE	ARE DEV	ELOPING THE	ROADMAP
çe		FOR A SUSTAINABLE, SECURE, AND JUST PROT			
Activities & Governance	Ι.	Check this box if the organization discontinued its operations or disp			
ver				3	5
ဗိ	ı	Number of independent voting members of the governing body (Part VI, line 1b)			4
ري و		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)			116
/itie		Total number of volunteers (estimate if necessary)			21
Ċţì		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
< —	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		42,936,683.	15,432,490.
enn	l	Program service revenue (Part VIII, line 2g)		322,997.	19,741.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		143,948.	262,192.
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,207.	118,856.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,468,835.	15,833,279.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		6,056,700.	5,411,261.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		7,018,840.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u> </u>	7,010,040.	10,887,855.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 1,867,	805	<u> </u>	0.
EXE	17	Fotal fundraising expenses (Part IX, column (D), line 25) 1,867, Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,959,049.	6,461,590.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,034,589.	22,760,706.
	l	Revenue less expenses. Subtract line 18 from line 12		26,434,246.	-6,927,427.
or es			Ве	ginning of Current Year	End of Year
ets	20	Fotal assets (Part X, line 16)		59,697,609.	50,506,658.
ASS	21	Fotal liabilities (Part X, line 26)		5,198,111.	5,636,418.
<u>=</u> E		Net assets or fund balances. Subtract line 21 from line 20		54,499,498.	44,870,240.
Pa	ırt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
rue,	correc	and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.	2023
	-	llya Sleyman			
Sigi		Signatura di Affice 1408		Date	
Her	e	ILYA SHEYMAN, CHIEF EXECUTIVE OFFICER Type or print name and title			
			Tr	Date Check	PTIN
Paid	, J	Print/Type preparer's name Preparer's signature JEFF PARKER JEFF PARKER		.1/15/23 self-employ	
	arer	Firm's name CLIFTONLARSONALLEN LLP	ļ±		1-0746749
-	Only	Firm's address 475 REGENCY PARK, SUITE 175		FITHISEIN 4	<u> </u>
-00	Jy	O'FALLON, IL 62269		Phone no (6	18) 233-1200
140	, tha IE	S discuss this return with the preparer shown above? See instructions		Ti none no. (O	X Yes No

	$\frac{1}{1}$ n 990 (2022) THE GOOD FOOD INSTITUTE, INC 81-0840578	B Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO HARNESS THE POWER OF FOOD INNOVATION AND MARKETS TO MAKE THE GLO	
	FOOD SYSTEM BETTER FOR THE PLANET, PEOPLE, AND ANIMALS BY SUPPORTING	NG
	EFFORTS TO MAKE ALTERNATIVE PROTEINS ACCESSIBLE, AFFORDABLE, AND	
	DELICIOUS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	res X No
		res 🔼 No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res X No
3	If "Yes," describe these changes on Schedule O.	res 🔼 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	200
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	s, and
 4а	(Code:) (Expenses \$ 7,761,113. including grants of \$ 4,317,974.) (Revenue \$	0.
·u	SCIENCE AND TECHNOLOGY - GFI'S SCIENCE AND TECHNOLOGY DEPARTMENT	
	ACCELERATES THE SCIENCE OF ALTERNATIVE PROTEIN TECHNOLOGIES. GFI'S	
	SCIENTISTS ARE THE GLOBAL EXPERTS IN THIS SECTOR AND WORK TO ENSURI	<u> </u>
	THAT A ROADMAP EXISTS FOR ALTERNATIVE PROTEIN INNOVATION, THAT THE	
	SCIENTISTS ARE ENGAGED IN RESEARCH AND DEVELOPMENT, AND THAT	
	SIGNIFICANT FUNDS ARE DIRECTED TOWARD THE HIGHEST IMPACT AREAS OF	
	ALTERNATIVE PROTEIN RESEARCH.	
	GFI'S SCITECH TEAM IS FOCUSED ON THREE PRINCIPAL ACTIVITIES:	
	1. ANALYZING CURRENT AND FUTURE TECHNICAL CHALLENGES AND IDENTIFYING	NG
	THE MOST IMPORTANT RESEARCH AND COMMERCIALIZATION OPPORTUNITIES FOR	
	ALTERNATIVE PROTEINS.	
	2. MOBILIZING FUNDING FOR OPEN-ACCESS RESEARCH AND EARLY-STAGE	
4b	(Code:) (Expenses \$3,751,260 • including grants of \$520,000 •) (Revenue \$	<u> </u>
	POLICY - GFI'S POLICY DEPARTMENT IS FOCUSED ON REMOVING HURDLES TO	
	ALTERNATIVE PROTEINS AND DELIVERING PUBLIC INVESTMENT TO ACCELERATI	E
	PROGRESS. THE POLICY TEAM PRIMARILY EDUCATES PUBLIC INSTITUTIONS,	
	INCLUDING REGULATORS, AND ALSO ENGAGES WITH NONPROFIT ORGANIZATIONS	S AND
	USES IMPACT LITIGATION AS A STRATEGIC TOOL WHERE WARRANTED.	
40	(Code:) (Expenses \$ 2,448,372. including grants of \$ 0.) (Revenue \$ 1.9	9,741.
4c	(Code:) (Expenses \$ 2,448,372 • including grants of \$ 0 •) (Revenue \$ 1 * CORPORATE ENGAGEMENT OF STATE	
	COMPANIES AND INVESTORS ACROSS THE ALTERNATIVE PROTEIN INDUSTRY TO	*******
	DRIVE INVESTMENT TO THE SECTOR, ACCELERATE ALTERNATIVE PROTEIN	
	INNOVATION, AND SCALE THE INDUSTRY'S SUPPLY CHAIN. THE CORPORATE	
	ENGAGEMENT TEAM'S WORK HELPS ENABLE FOOD INDUSTRY PARTNERS TO DEVEL	LOP
	AND BRING TO MARKET ALTERNATIVE PROTEIN PRODUCTS THAT ARE AS	
	ACCESSIBLE, AFFORDABLE, AND DELICIOUS AS CONVENTIONAL MEAT, EGGS, A	AND
	DAIRY. THE CORPORATE ENGAGEMENT TEAM ADVISES, EDUCATES, AND EMPOWER	
	COMPANIES IN ALL STAGES OF THE SUPPLY CHAIN, INCLUDING ENTREPRENEUR	
	AND STARTUPS, INVESTORS, FOOD AND MEAT MANUFACTURERS, INGREDIENT	
	COMPANIES, AND EQUIPMENT MANUFACTURERS.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ 3,656,002 • including grants of \$ 573,286 •) (Revenue \$ 0 •)	
<u>4e</u>	Total program service expenses 17,616,747.	
		000

232002 12-13-22

Form 990 (2022) THE GOOD FOO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
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		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Pai	rt 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			110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Х	
	Schedule J	23	Λ	
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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		X
h	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		X
	"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		\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	L
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2022) THE GO

THE GOOD FOOD INSTITUTE, INC

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 116			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
- 7α	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country	<u>4a</u>		1
D	• • •			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		1 37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

Form 990 (2022)

THE GOOD FOOD INSTITUTE, INC

81-0840578

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 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? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI 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. X Upon request Own website Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records SARAH DAVID - 202-596-2262 2503 D N HARRISON ST. #19, ARLINGTON,

SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2022) THE GOOD FOOD INSTITUTE, INC

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<u> Page</u> **7**

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average Position (do not check more than one						ono	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of	
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	1033-1120)	and related
	below	dual 1	ution	<u>_</u>	Key employee	sst co	-er			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			_
(1) BRUCE FRIEDRICH	40.00									
PRESIDENT AND FOUNDER		Х		Х				166,991.	0.	13,053.
(2) SARAH DAVID	40.00									
GEN. COUNSEL, SECRETARY, TREASURER				Х				155,374.	0.	14,212.
(3) JESSICA ALMY	40.00									
SVP - POLICY						X		149,413.	0.	6,754.
(4) SUSAN MCCAUSLAND-HALTEMAN	40.00									
SVP - DEVELOPMENT						X		141,221.	0.	12,280
(5) ELIZABETH SPECHT	40.00]								
SVP - SCIENCE AND TECHNOLOGY						X		147,645.	0.	4,514
(6) CAROLINE BUSHNELL	40.00	1								
SVP - CORPORATE ENGAGEMENT	_					X		134,903.	0.	13,237.
(7) ILYA SHEYMAN	40.00	1								
CEO (HIRED 2/22/22)	1	<u> </u>		X				133,348.	0.	10,719.
(8) SHEILA VOSS	40.00	1						405.454		
SVP - COMMUNICATIONS		<u> </u>				X		137,154.	0.	4,115.
(9) VANDHANA BALASUBRAMANIAN	2.00	ļ								
DIRECTOR	1 0 00	Х	_					0.	0.	0.
(10) KATHLEEN FRESTON	2.00	٠,							_	
DIRECTOR	1 2 00	Х						0.	0.	0.
(11) CAMERON ICARD	3.00	- -		\ \ \					_	^
CHAIR (12) STEWART DAVID	2.00	Х		X				0.	0.	0.
(12) STEWART DAVID DIRECTOR	2.00	х						0.	0.	^
(13) NABIHA BASATHIA	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		1								
	+				\vdash					
		1								
	1	 			\vdash					
		1								
	1		\vdash	\vdash	\vdash					
		1								

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THE GOOD FOOD INSTITUTE, INC 81-0840578 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the ighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) 1,166,049. 1b Subtotal 0. О. c Total from continuation sheets to Part VII, Section A 1,166,049. 0. 78,884 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 12 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3

line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within	Title organization stax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ACCENTURE		
161 N. CLARK STREET, CHICAGO, IL 60601-3206	STRATEGIC PLANNING	242,500.
MAUVE CORPORATE SYSTEMS UK, 9 FRANKLIN'S		
YARD FOSSGATE, YORK, YORKSHIRE, UNITED	UK PEO	153,238.
MAUVE CORPORATE SYSTEMS AUSTRALIA, LEVEL		
ONE 54 NERIDAH STREET, CHATSWOOD, NEW	AUSTRALIA PEO	146,866.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 3		

Form 990 (2022)

THE GOOD FOOD INSTITUTE, INC 81-0840578 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 15,432,490 similar amounts not included above 1f 454,622 g Noncash contributions included in lines 1a-1f 15,432,490. h Total. Add lines 1a-1f **Business Code** 2 a CONFERENCES AND MEETINGS 900099 19,741. 19,741. Program Service Revenue b С d f All other program service revenue 19,741, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 202,258 202,258 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 3,109,915. assets other than inventory b Less: cost or other basis 3,049,981 Other Revenue and sales expenses c Gain or (loss) 7c 59,934. 59,934. 59,934. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 59,515 59,515. 900099 FOREIGN EXCHANGE GAIN 59,341 59,341.

12 To

Form 990 (2022)

381,048.

118,856

15,833,279

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

19,741

Form 990 (2022) THE GOOD FOOD INSTITUTE,

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Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othi	er organizations must con	nnlete column (Δ)	
36011	Check if Schedule O contains a respor		-	•	X
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		57,001.000	general expenses	олроново
-	and domestic governments. See Part IV, line 21	1,457,427.	1,457,427.		
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	3,953,834.	3,953,834.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	493,698.	136,014.	321,675.	36,009.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,369,694.	5,918,126.	1,413,966.	1,037,602.
8	Pension plan accruals and contributions (include			-	-
	section 401(k) and 403(b) employer contributions)	304,035.	202,488.	70,096.	31,451.
9	Other employee benefits	992,867.		260,246.	31,451. 118,010.
10	Payroll taxes	727,561.	469,323.	165,375.	92,863.
11	Fees for services (nonemployees):	•		,	•
а	Management	58,075.	20,696.	35,453.	1,926.
b		107,518.		,	•
	Accounting	170,417.		170,417.	
		408,521.	408,521.	,	
e	Professional fundraising services. See Part IV, line 17	•	,		
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	4,247,816.	3,368,895.	498,043.	380,878.
12	Advertising and promotion	25,730.		5,057.	442.
13	Office expenses	166,815.	80,540.	61,419.	24,856.
14	Information technology	7,488.		3,108.	203.
15	Royalties				
16	Occupancy	203,185.	157,974.	36,302.	8,909.
17	Travel	358,249.	258,836.	79,177.	20,236.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	453,117.	298,405.	124,296.	30,416.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,411.	4,437.	908.	66.
23	Insurance	47,921.	30,012.	13,751.	4,158.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	BANK, FILING AND OTHER	87,754.	9,000.	3,732.	75,022.
b	SUBSCRIPTIONS	63,543.	58,380.	2,141.	3,022.
С	MISCELLANEOUS EXPENSES	48,887.	37,302.	10,802.	783.
d	DONOR STEWARDSHIP	1,143.	0.	190.	953.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,760,706.	17,616,747.	3,276,154.	1,867,805.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

INC

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

THE GOOD FOOD INSTITUTE, INC

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,272,837.	1	3,527,116.		
	2	Savings and temporary cash investments	19,785,675.	2	1,760,148.		
	3	Pledges and grants receivable, net		15,188,430.	3	5,885,795.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B ::			291,927.	9	439,909.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	41,260.			
	b		10b	41,260. 18,096.	8,578.	10c	23,164.
	11	Investments - publicly traded securities			22,150,162.	11	23,164. 38,870,526.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	59,697,609.	16	50,506,658.		
	17	Accounts payable and accrued expenses	897,385.	17	1,785,990.		
	18	Grants payable			4,300,726.	18	3,850,428.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
abil		controlled entity or family member of any of the	ese pers	ons		22	
Ξ	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,198,111.	26	5,636,418.
		Organizations that follow FASB ASC 958, ch	eck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			35,788,267.	27	37,739,966. 7,130,274.
Ba	28	Net assets with donor restrictions			18,711,231.	28	7,130,274.
u		Organizations that do not follow FASB ASC	958, che	eck here			
ŗ		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds	3			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated i	ncome,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			54,499,498.	32	44,870,240.
	33	Total liabilities and net assets/fund balances			59,697,609.	33	50,506,658.
· <u>-</u>							Form 990 (2022)

	n 990 (2022) THE GOOD FOOD INSTITUTE, INC	81-0	840578	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets			-	·
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,833		
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,760		
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,92		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,499		
5	Net unrealized gains (losses) on investments	5	-2,701	1,8	<u>31.</u>
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	44,870),2	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** THE GOOD FOOD INSTITUTE 81-0840578 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2022

THE GOOD FOOD INSTITUTE, INC

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

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

S00	tails to quality under the tests	nated below, plea	30 complete i art i	··· <i>,</i>			
	• • • • • • • • • • • • • • • • • • • •		# \ CC + C	4) 0000	(n coo :	() 0000	(n T : :
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	7022742	00471100	10726524	42026602	1 - 4 2 2 4 2 2	105510630
_	include any "unusual grants.")	7933743.	204/1188.	18/30534.	42936683.	15432490.	102210038
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	7022742	00471100	10726524	40006600	15422400	105510630
	Total. Add lines 1 through 3	7933743.	204/1188.	18/36534.	42936683.	15432490.	102210638
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,						00050065
	column (f)						22952367.
	Public support. Subtract line 5 from line 4.						82558271.
	etion B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 42936683.	(e) 2022	(f) Total
	Amounts from line 4	7933743.	204/1188.	18/36534.	42936683.	15432490.	102210638
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	40 260	06 417	107 152	140 010	202 250	(14 200
	and income from similar sources	40,260.	96,417.	127,153.	148,212.	202,258.	614,300.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		47 252	45 650	CF 207	F0 F1F	017 707
	assets (Explain in Part VI.)		47,353.	45,652.	65,207.		217,727.
	Total support. Add lines 7 through 10		,				106342665
	Gross receipts from related activities,					•	,704,588.
13	First 5 years. If the Form 990 is for th	=	rst, second, third,	fourth, or fifth tax y	year as a section 5	U1(c)(3)	
800	organization, check this box and storetion C. Computation of Publi		contago				
	· · · · · · · · · · · · · · · · · · ·			acluma (fl)		44	77.63 %
	Public support percentage for 2022 (I		-			15	77.63 %
	Public support percentage from 2021 33 1/3% support test - 2022. If the content is the content in the content is the content in the content is the content in the content i						
ioa							37
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		•		lino 15 io 22 1/20/		
b	• •	•					
17~	and stop here. The organization qual 10% -facts-and-circumstances test						
ı/a							
	and if the organization meets the fact			•	raanization	•	
L	meets the facts-and-circumstances te	•				7a, and line 15 is	
O	10% -facts-and-circumstances test	•					1070 UI
	more, and if the organization meets the				•		
10	organization meets the facts-and-circu						
ΙÓ	Private foundation. If the organization	лт ака пос спеск а	DOX OF HITE 13, 16	a, 100, 1/a, 01 1/1	o, check this box at		/Farm 000) 0000

Schedule A (Form 990) 2022

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THE GOOD FOOD INSTITUTE, INC

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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.)

quality under the tests listed be Section A. Public Support	leiow, piease comp	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	X 2	(-)	, ,	.,	1 3	.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	T (10040	(1) 0040	1 , , , , , ,	T (1) 0004	T (),0000	(O.T.)
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
Section C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15 Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	022 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization quali	ifies as a publicly s	upported organiz	ation	
b 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	•					
20 Private foundation. If the organization			·		•	

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
30		
3c		
1-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
100		
10b		
1 100	1	

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

Sche	edule A (Form 990) 2022 THE GOOD FOOD INSTITUTE	, INC	2	81-0840578 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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

instructions).

Schedule A (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC 81-0840578 Page 7

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)	g					
Sect	ion D - Distributions		•	Í	Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations								
_4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets								
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
_6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2022 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022					
_1	Distributable amount for 2022 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2022 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2022									
a	From 2017									
b	From 2018									
c	From 2019									
d	From 2020									
е	From 2021									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2022 distributable amount									
i	Carryover from 2017 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									

Schedule A (Form 990) 2022

b Applied to 2022 distributable amount

Part VI. See instructions.

and 4c.
 B Freakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, if

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

Schedule A	(Form 990) 2022	THE	GOOD	FOOD	INSTITUTE,	INC	81	-0840578	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation , 2, 3b, 3d lines 2 ar	Provide c, 4b, 4c, nd 3; Part	the expla 5a, 6, 9a, IV, Sectio	nations required by Pa 9b, 9c, 11a, 11b, and n E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a o 11c; Part IV, Section B, lines a a, and 3b; Part V, line 1; Part mplete this part for any additio	r 17b; I 1 and 2 V, Sect	Part III, line 12; 2; Part IV, Section ion B, line 1e; Pa	С,
	(See instructions.)								

Schedule A (Form 990) 2022

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.				
Nan	ne of organization			Er	mployer identification	
_	THE GOO	D FOOD INSTITUTE	, INC		81-0840	<u> 578</u>
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				0.
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)((3).		
	Enter the amount of any excise tax	-		-	\$	0.
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	;	\$	0.
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes	☐ No
4a	Was a correction made?				Yes	☐ No
	If "Yes," describe in Part IV.					
_	art I-C Complete if the org	-		-		
	Enter the amount directly expended		•		\$	
2	Enter the amount of the filing organ		9			
_	exempt function activities				\$	
3	Total exempt function expenditures				¢	
4	line 17b Did the filing organization file Form					No
5	Enter the names, addresses and en					
J	made payments. For each organiza			=		
	contributions received that were pro	· ·	0 0		•	
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions re	ceived and directly separate nization.

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

Schedule C (Form 990) 2022

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Sch	edule C (Form 9	90) 2022	THE GO	OOD FO	OD INSTITUT	E, INC	81-0	840578 Page 2
Pa		mplete if the orga	anization	n is exen	npt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under
	sec	tion 501(h)).						
Α	Check		•		•	Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and share			•			
<u>B</u>	Check	if the filing organizat	tion checke	ed box A an	nd "limited control" pro	visions apply.	Τ	T
				ying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1	Total lobbying	expenditures to influ	ence publi	c opinion (c	grassroots lobbying)		3,070.	
_		g expenditures to influ	•				538,388.	
		•	_				541,458.	
		: purpose expenditure					17,034,897.	
	•	purpose expenditures					17,576,355.	
•					following table in both		1,000,000.	
		n line 1e, column (a) or			bying nontaxable am			
	Not over \$500		, ,		the amount on line 1e.			
	Over \$500,00	0 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
		000 but not over \$1,50		\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
		000 but not over \$17,0		\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000	,000		\$1,000,0				
			•					
	g Grassroots no	ontaxable amount (ent	ter 25% of I	line 1f)			250,000.	
ı	Subtract line	1g from line 1a. If zero	o or less, er	nter -0			0.	
	i Subtract line	1f from line 1c. If zero	or less, en	ter -0			0.	
	j If there is an a	amount other than zer	o on either	line 1h or l	ine 1i, did the organiza	ation file Form 4720		
	reporting sect	tion 4911 tax for this y	year?					Yes No
	(Sc	ome organizations th	nat made a	section 50	eraging Period Under D1(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	elow.
			Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		
		dar year r beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
_2;	a Lobbying non	taxable amount	498	3,266.	661,263.	816,250.	1,000,000.	2,975,779.
	Lobbying ceili (150% of line	ing amount 2a, column(e))						4,463,669.
	Total lobbying	g expenditures	247	7,345.	399,658.	473,266.	541,458.	1,661,727.
	d Grassroots no	ontaxable amount	124	1,567.	165,316.	204,063.	250,000.	743,946.
	Grassroots ce (150% of line	eiling amount 2d, column (e))						1,115,919.
	f Grassroots lo	bbying expenditures	9	,635.	9,921.	3,295.	3,070.	25,921.

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

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

of the	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)
or tire i	lobbying activity.	Yes	No	•	Am	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or					
I	local legislation, including any attempt to influence public opinion on a legislative matter					
(or referendum, through the use of:					
a \	Volunteers?					
b l	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d l	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(!	5), or	sec	tion	
2art	501(c)(6).	00 1 (0)(- ,,	-		
Part	30 NGNO).					T
art	301(0)(0).				Yes	N
			Г	1	Yes	N-
1 \	Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	N ₁
1 \ 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year n 501(c) (? 5), or	2 3 sec	tion	
1 \ 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year n 501(c)(t 'No" OR	? 5), or (b) Pa	2 3 sec	tion	
1 \2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year' n 501(c)(t 'No" OR	? 5), or (b) Pa	2 3 sec art I	tion	
1 \ 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year' n 501(c)(t 'No" OR	? 5), or (b) Pa	2 3 sec art I	tion	
1 \ 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year n 501(c)(t 'No" OR	? 5), or (b) Pa	2 3 sec art I	tion	
1 \\2 \!\3 \\\\2 \\\1 \\\2 \\\\ 2 \\\\ a \\\\ a \\\ a \\\ \\ a \\\ \\ a \\\ \\	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year n 501(c)(t 'No" OR	? 5), or (b) Pa	2 3 sec art I	tion	
1 \\2 \ \ \\ 2 \ \ \ \ \ \ \ \ \ \ \ \ \	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year n 501(c)(l 'No" OR	5), or (b) Pa	2 3 sec art I	tion	
1 \\2 \ \ 3 \ \ \ 2 \ \ 3 \ \ \ 2 \ \ 3 \ \ \ 4 \ \ 6 \ \ 6 \ \ 6 \ \ 7 \ 3 \ \ 7 \ 3 \ 7 \ 6 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year n 501(c)(i 'No" OR	5), or (b) Pa	2 3 sec art I 1 2a 2b	tion	
1 \\2 \ 1 \\3 \\3 \ 1 \\2 \\3 \\6 \\6 \\6 \\6 \\6 \\7 \\6 \\7 \\8 \\7 \\8 \\8 \\8 \\8 \\8 \\8 \\8	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year n 501(c)(i 'No" OR	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	tion	
1 \\2 \ \3 \ \7 \\2 \\\6 \\6 \\6 \\7 \\7 \\7 \\7 \\7 \\7 \\	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year n 501(c)(i 'No" OR	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c 3	tion	
1 \ 2 \ i 3 \ i 2 \ 3 \ i 6 \ c - 3 \ 4 \ i 6 \ 6 \ 6 \ 6 \ 6 \ 6 \ 6 \ 6 \ 6 \	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year'n 501(c)(l	7; 5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	tion	3, is

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE GOOD FOOD INSTITUTE TNC **Employer identification number** 81-0840578

Pa	rt I Organizations Maintaining Donor Advised		or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fu	nds 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 w	riting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's e	_		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
			_	Yes No
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizatio			
-	Preservation of land for public use (for example, recreating	· · · · · · · · · · · · · · · · · · ·	of a historically	/ important land area
	Protection of natural habitat	· —		istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva	ation easement on the last
_	day of the tax year.		101 4 0010011	Held at the End of the Tax Year
а			2a	
b	T 1 1			
	Number of conservation easements on a certified historic stru-			
d	Number of conservation easements included in (c) acquired af			
u			2d	
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by th		during the tay
Ü	year	asea, extinguished, or terminated by the	c organization	daning the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		-	
Ū	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	otali and voidings modes devoted to mornioning, moposting, r	iariaming or violationic, and ornorolling cor	iooi valioii oao	omente damig the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ation easemer	ats during the year
•	, who are or expenses meaned in morning, inoposing, manar	ing of violations, and emoraling content	ation oddonio	ne daming the your
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)	
		sautory and requirements of economy are	. , . , . , . ,	Yes No
9	In Part XIII, describe how the organization reports conservatio			
J	balance sheet, and include, if applicable, the text of the footnot	·		
	organization's accounting for conservation easements.	sto to the organization o intariolal station	ionto triat doc	
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 958		and balance s	heet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance			pasiie
b	If the organization elected, as permitted under FASB ASC 958			t works of
b	art, historical treasures, or other similar assets held for public	•		
	•	exhibition, education, or research in fair	inerance or po	iblic service,
	provide the following amounts relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1			Ψ
•	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	sures, or other similar assets for financia		Ψ
2	-		ai gairi, provid	C
_	the following amounts required to be reported under FASB AS	<u> </u>		¢
a	Revenue included on Form 990, Part VIII, line 1			\$
Ø	Assets included in Form 990, Part X			Ū

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche Par		D FOOD INS				Other			40578	
3	Using the organization's acquisition, accessi								(continu	<u>ea)</u>
Ū	collection items (check all that apply):	on, and other record	0, 0110010	arry or tiro r	onowing that	make eigi	imodric	100 01 110		
а	Public exhibition	c	1 🔲 L	oan or excl	hange progra	ım				
b	Scholarly research	€			0 , 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatio	n's exemp	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hist	orical treas	ures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontributions	or other ass	ets not in	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:					_	
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	
	Did the organization include an amount on F	, ,				,	/?		Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete									
ı uı	Endownient ands: Complete	(a) Current year		ior year	(c) Two year			ears back	(e) Four y	ears hack
10	Beginning of year balance	(a) Guirent year	(6)11	ioi yeai	(C) TWO your	J Dad C	4) 111100 y	Caro back	(C) rour y	- Daris Back
_	Contributions									
b	Net investment earnings, gains, and losses									
c d	Grants or scholarships									
e	Other expenditures for facilities									-
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a.	column (a)) held as:	<u> </u>				
a	Board designated or quasi-endowment	=	%		,					
b	Permanent endowment	%	_							
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held an	d administer	ed for the				
	organization by:								Y	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Par	t VI Land, Buildings, and Equipm				F 24-	5	40			
	Complete if the organization answere									
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed	(d) Book	value
		basis (investr	nent)	basis ((otner)	aepr	eciation			
	Land	I								
	Buildings									
	Leasehold improvements			1	1,260.		18,09	96	2.2	,164.
	Equipment			4	<u> </u>		<u> </u>	•	∠	,104.
<u>e</u>	Other		V activis	a (D) in a = 11					23	,164.
iotal	. , , , , , , , , , , , , , , , , , , ,	uuai roiiii 990. Part	A. COIUINI	ı ıbı. iine 10	JG.1				2 2	,

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D	(Form 990) 2022	THE	GOOD FO	OD INSTITUTE,	INC	81-0840578 Page 3
Part VII	Investments - 0	Other So	ecurities.			-
	Complete if the orga	anization a	answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Descrip	tion of security or categ	JOTY (includin	g name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financia	al derivatives					
(2) Closely	held equity interests					
(3) Other	, ,					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990	Part X co	(R) line 12)			
	Investments - I	Progran	n Related.	on Form OOO Dort IV line	11 a Caa Farm 000 Dart V line	10
					11c. See Form 990, Part X, line	
	(a) Description of	iiivesiiien	L .	(b) Book value	(c) wethod of valuation: C	ost or end-of-year market value
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990), Part X, co	l. (B) line 13.)			
Part IX	Other Assets.					
	Complete if the org	anization a			11d. See Form 990, Part X, line	
			(a)	Description		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
			art X, col. (B) lin	e 15.)		
Part X	Other Liabilitie	s.				
				on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1.	(a) De	escription	of liability			(b) Book value
(1) Fed	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must eaual Fo	rm 990. P	art X, col. (B) lin	e 25.)		
				•	the organization's financial sta	tements that reports the
-	•				ere if the text of the footnote ha	·

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE GOOD FOOD INSTITUTE		81-08405	78 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
c d	Recoveries of prior year grants Other (Describe in Part XIII.)	1 1		
e			2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
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.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	-		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	l l		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pai	rt XIII Supplemental Information.	•		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		Part V, line 4; Part X, line 2; F	Part XI,
PAF	RT X, LINE 2:			
THE	GOOD FOOD INSTITUTE, INC. REQUIRES THAT	AT A TAX POSIT	ION BE RECOGNI	ZED
<u>OR</u>	DERECOGNIZED BASED ON A "MORE-LIKELY-TI	HAN-NOT" THRES	HOLD. THIS APP	LIES
TO	POSITIONS TAKEN OR EXPECTED TO BE TAKEN	N IN A TAX RET	URN. GFI DOES	NOT
BEI	LIEVE ITS CONSOLIDATED FINANCIAL STATEM	ENTS INCLUDE,	OR REFLECT, AN	Y
UNC	CERTAIN TAX POSITIONS.			

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

THE GOOD FOOD INSTITUTE

Employer identification number

81-0840578

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

- X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

3 Activities per Region. (T	he following Part	I, line 3 table ca	ın be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
				HARNESS THE POWER OF	
				FOOD INNOVATION AND	
EAST ASIA & THE				MARKETS TO MAKE THE	
PACIFIC	2	17	PROGRAM SERVICES	GLOBAL FOOD SYSTEM	1,106,419
				HARNESS THE POWER OF	
				FOOD INNOVATION AND	
				MARKETS TO MAKE THE	
SOUTH AMERICA	1	25	PROGRAM SERVICES	GLOBAL FOOD SYSTEM	1,208,902
				HARNESS THE POWER OF	
				FOOD INNOVATION AND	
				MARKETS TO MAKE THE	
SOUTH ASIA	1	15	PROGRAM SERVICES	GLOBAL FOOD SYSTEM	593,483
				HARNESS THE POWER OF	
				FOOD INNOVATION AND	
MIDDLE EAST & NORTH				MARKETS TO MAKE THE	
AFRICA	1	12	PROGRAM SERVICES	GLOBAL FOOD SYSTEM	1,642,254.
				HARNESS THE POWER OF	
EUROPE (INCLUDING				FOOD INNOVATION AND	
ICELAND AND				MARKETS TO MAKE THE	
GREENLAND)	1	22	PROGRAM SERVICES	GLOBAL FOOD SYSTEM	1,996,933
				SCALABLE PRODUCTION OF	
				PRECISION-ENGINEERED	
EAST ASIA & THE				ALTERNATIVE PROTEIN WITH	
PACIFIC	0	0	GRANTS	MEAT-LIKE APPEARANCE AND	1,078,000
				SEAFOOD SPECIES	
				CHARACTERIZATION.	
				SCALABLE PROCESSES FOR	
SOUTH AMERICA	0	0	GRANTS	OBTAINING 3D STRUCTURED	532,849
				IN VITRO DIFFERENTIATION	
				AND CHARACTERIZATION OF	
				FISH MUSCLE AND	
SOUTH ASIA	0	0	GRANTS	OPTIMIZATION ON	68,000
3 a Subtotal	6	91			8,226,840
b Total from continuation					· · ·
sheets to Part I	0	0			2,266,978
c Totals (add lines 3a					
and 3b)	6	91			10,493,818

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2022

THE GOOD FOOD INSTITUTE, INC 81-0840578 Schedule F (Form 990) Page 1 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total (a) Region offices is a program service, expenditures employees or (by type) (i.e., fundraising, in the region agents in program services, grants to describe specific type for region recipients located in the region) region of service(s) in region STUDY THE GENETIC BASIS OF PROLIFERATION IN CULTURED MEAT. MIDDLE EAST & NORTH 0 GRANTS DEVELOPMENT OF 156,492. AFRICA UNCOVERING THE SECRETOME EUROPE (INCLUDING OF EVOLVING PRIMARY ICELAND AND MUSCLE CELLS FOR IN GREENLAND) 0 0 GRANTS VITRO MEAT PRODUCTION. 1,764,036. MULTIOMIC CHARACTERIZATION OF FISH NORTH AMERICA (NON STEM CELL CULTURE MEDIA. 0 GRANTS PROTEIN EXTRACTION AND US) 346,450.

Totals

2,266,978.

Schedule F (Form 990) 2022

Part II

81 - 0840578

Page 2

THE GOOD FOOD INSTITUTE,

INC

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

EAST ASIA AND PACIFIC NORTH AMERICA (NON US) NORTH AMERICA (NON US) SOUTH AMERICA		(e) Amount of cash grant o	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
EAST ASIA AND PACIFIC NORTH AMERICA (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA						
PACIFIC NORTH AMERICA (NON US) (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	EAST ASIA AND THE ALTERNATIVE SEAFOOD					FAIR MARKET
NORTH AMERICA (NON US) (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	ACIFIC FLAVORS	250,000.W	250,000.WIRE TRANSFER	0 · 0	N/A	VALUE
NORTH AMERICA (NON US) (NON US) (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	EXPLORATION INTO					
NORTH AMERICA (NON US) (NON US) (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	PLANT-BASED					
NORTH AMERICA (NON US) (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	ORTH AMERICA TRANSFERRIN					FAIR MARKET
NORTH AMERICA (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	NON US) SUBSTITUTES FOR MEDIA	250,000.	WIRE TRANSFER	□ 0 •	N/A	VALUE
NORTH AMERICA (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	THE ROLE OF FOOD					
NORTH AMERICA (NON US) SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	MATRIX COMPONENTS IN					
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	ORTH AMERICA MODULATING THE FLAVOR	JR.				FAIR MARKET
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	NON US) OF ALTERNATIVE	120,000.W	120,000. WIRE TRANSFER	₫ 0	N/A	VALUE
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	SOLID STATE					
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	FERMENTATION OF					
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	PEANUT MEAL FOR					FAIR MARKET
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	OUTH AMERICA WHOLE-CUT MEAT	279,350.W	WIRE TRANSFER	□ 0 •	N/A	VALUE
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	TECHNOLOGY FOR					
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	OBTAINING FLOUR FROM					
SOUTH AMERICA SOUTH AMERICA SOUTH AMERICA	BABASSU ALMOND					FAIR MARKET
SOUTH AMERICA	OUTH AMERICA RESIDUE: FOOD	20,415.W	415. WIRE TRANSFER	0 · 0	N/A	VALUE
SOUTH AMERICA SOUTH AMERICA	SOCIAL INNOVATION					
SOUTH AMERICA SOUTH AMERICA	WITH BABASSU-BASED					
SOUTH AMERICA SOUTH AMERICA	BURGER TYPE FOOD IN					FAIR MARKET
SOUTH AMERICA	OUTH AMERICA THE MARANHAO AMAZON	17,197.W	17,197. WIRE TRANSFER	₫ 0	N/A	VALUE
SOUTH AMERICA	FULL USE OF THE					
SOUTH AMERICA	CUPUACU ALMOND:					
SOUTH AMERICA	PRODUCTION OF					FAIR MARKET
	OUTH AMERICA HIGH-QUALITY	11,072.W	WIRE TRANSFER	u · 0	N/A	VALUE
	DEVELOPMENT OF NEW					
	INGREDIENTS TO ADD					
	VALUE OF RESIDUAL					FAIR MARKET
SOUTH AMERICA	OUTH AMERICA BIOMASS FROM BARU	15,271.W	271. WIRE TRANSFER	u · 0	N/A	VALUE

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2022

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Page 2	(i) Method of valuation (book, FMV, appraisal, other)	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE
	(h) Description of non-cash assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40578 90), Part II, line 1	(g) Amount of non-cash assistance	0	0	0	0	0	0.0	0	0	0
81-0840578 (Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	25,635. WIRE TRANSFER	WIRE TRANSFER	8,392. WIRE TRANSFER	VIRE TRANSFER	VIRE TRANSFER	WIRE TRANSFER	22,493. WIRE TRANSFER
		19,892.	18,272.	25,635.	20,674.	8,392.	30,351. WIRE	15,092. WIRE	23,551.	22,493.
INSTITUTE, INC		APPLICATION OF THE BIOREFINERY CONCEPT IN THE BARU (DIPTERYX ALATA VOGEL)	BYPRODUCT BIOCONVERSION FROM THE CHESTNUT AGROINDUSTRY IN THE	OBTAINING PROTEIN AND FIBER-RICH EXTRUDATE FROM BARU BY-PRODUCT	FERMENTED PRODUCTS OBTAINED FROM BRAZIL NUT AND BABASSU FLOURS	FERMENTED PRODUCTS OBTAINED FROM BRAZIL NUT AND BABASSU FLOURS: COMBINING	MACAUBA 2 NUGGETS: FROM THE BRAZILIAN CERRADO TO A NEW FOOD CONCEPT	THE WEALTH OF PEQUI: DEVELOPMENT, CHARACTERIZATION AND APPLICATION OF AN	INGREDIENTS FOR PLANT-BASED PRODUCTS FROM WASTE FROM CUPUACU AND GUARANA	EVALUATE FUNCTIONALITY OF WILD LUPINE PROTEINS FOR NOVEL FOOD PRODUCTION
(Form 990) THE GOOD FOOD INSTITUTY Continuation of Grants and Other Assistance to Organizations or	(c) Region	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	MIDDLE EAST AND NORTH AFRICA
THE GC	(b) IRS code section and EIN (if applicable)	Ø	ω	Ø	ω	Ø	S	·	S	W Z
Schedule F (Form 990) Part II Continuation of	l e									

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Page 2	-	(i) Method of valuation (book, FMV, appraisal, other)			патаркен	TOWNER NEW T	300AV			FAIR MARKET	VALUE			FAIR MARKET	VALUE			FAIR MARKET	VALUE			FATR MARKET	VAT.TE				FAIR MARKET	VALUE			FAIR MARKET	VALUE			FAIR MARKET	VALUE			FAIR MARKET	VALUE	
	1)	(h) Description of non-cash assistance					W / W				N/A				N/A				N/A				4/ N	17/17				N/A				N/A				N/A				0.N/A	
81-0840578	990), Part II, line	(g) Amount of non-cash assistance				c					0				0				0				c					0.				0				0				0.	
81-08	(Schedule F (Form 9	(f) Manner of cash disbursement				מחום ביי אינים וויי	WINE INANSFER				WIRE TRANSFER				WIRE TRANSFER				WIRE TRANSFER				WIRE TRANSFER					WIRE TRANSFER				WIRE TRANSFER				WIRE TRANSFER				250,000. WIRE TRANSFER	
	Jnited States.	(e) Amount of cash grant				6	.000,04				43,000.				14,294.				300,000				000 820	.000,012				.000,09				.000,36				100,000				250,000.	
INSTITUTE, INC	ions or Entities Outside the United States.	(d) Purpose of grant	CHHENET ANTERO	VARIANCE OF	DDOI:TEED AUTIVE	TICOTIL EIGHT AND	CAFACILI AND	DESIGN AND OFTIMISE	NATURAL NANO-EMULSION	SYSTEMS OF OMEGA-3	NUTRITIVE LIPIDS WITH	BUILDING A	SUSTAINABLE FOOD	SYSTEM IN FLANDERS BY	PUBLIC INVESTMENT IN	PRECISION	FERMENTATION OF GREEN	TEA LEAF RESIDUE		ANTINUTRIENT-FREE	PI,ANT AI,BIIMIN FETAI,	CAL'F SERITM	REDIAC EMENTS		INVESTIGATION OF	VERSATILE ANTIOXIDANT	PERFORMANCE IN	OIL-IN-PROTEIN GEL	FISH TISSUE	PROTEOMICS AS	BASELINE EVALUATION	FOR SAFER CULTIVATED	DEVELOPMENT OF NOVEL	MEDIA RECYCLING	SYSTEM FOR	APPLICATION IN	DECODING THE AROMA OF	SALMON AND	REPRODUCTION WITH	DIFFERENT FATS	
GOOD FOOD INST	Continuation of Grants and Other Assistance to Organizations	(c) Region			MITHILE EACH AND	MIDDLE EAST AND	NONIH AFRICA			MIDDLE EAST AND	NORTH AFRICA		EUROPE (INCLUDING	ICELAND &	GREENLAND)			EAST ASIA AND THE	PACIFIC			RAST ASTA AND THE	DACTETC	11011			EAST ASIA AND THE	PACIFIC			EAST ASIA AND THE	PACIFIC			EAST ASIA AND THE	PACIFIC		EUROPE (INCLUDING	ICELAND &	GREENLAND)	
THE G	Grants and Other	(b) IRS code section and EIN (if applicable)																																							
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization																																							

Page 2		(i) Method of valuation (book, FMV, appraisal, other)		FAIR MARKET VALUE			FAIR MARKET	VALUE		FAIR MARKET	VALUE		FAIR MARKET	VALUE			FAIR MARKET	VALUE			FAIR MARKET	VALUE			FAIR MARKET	VALUE			FAIR MARKET	VALUE		FAIR MARKET	VALUE
	1)	(h) Description of non-cash assistance		N/A				N/A			N/A			N/A				N/A				N/A				N/A				N/A			N/A
-0840578	line	(g) Amount of non-cash assistance		0				0			0.			0.				0.				0				0				0.			0.
81-08	(Schedule F (Form 990), Part II,	(f) Manner of cash disbursement		WIRE TRANSFER				WIRE TRANSFER			250,000. WIRE TRANSFER			WIRE TRANSFER				100,000. WIRE TRANSFER				WIRE TRANSFER				99,700. WIRE TRANSFER				WIRE TRANSFER			WIRE TRANSFER
	Jnited States.	(e) Amount of cash grant		100,000.				27,685.			250,000.			280,000.				100,000.				240,000.				.007,66				250,000.			149,000.
INSTITUTE, INC	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	CONVERTING WASTES TO HIGH-VALUE FOOD-GRADE	LIPIDS BY FERMENTATION	STUDY AND APPLICATION	OF SUPERCRITICAL	EXTRACTION OF BRAZIL	NUTS (BERTOLLETIA		CULTIVATED MEAT	CHALLENGE GRANT	CRUSTACEAN FLAVORS	DERIVED FROM FUNGAL	FERMENTATION	BULTITUDE UTILIZING A	NOVEL GLUCOSE	METABOLISM PATHWAY TO	OPTIMIZE CULTIVATED	COMPREHENSIVE	PLATFORM FOR	SELECTING AND	PRODUCING ALGAL	DEVELOPMENT OF A	COMBINED	COMPUTATIONAL FLUID	DYNAMICS AND	NOVEL MYCELIAL	FERMENTATION TO	CREATE MEAT REPLACING	PROTEIN SOURCES		RESEARCH ON CELLULAR	AGRICULTURE
GOOD FOOD INST	Assistance to Organizat	(c) Region	EUROPE (INCLUDING	ICELAND & GREENLAND)				SOUTH AMERICA	EUROPE (INCLUDING	ICELAND &	GREENLAND)	EUROPE (INCLUDING	ICELAND &	GREENLAND)		EUROPE (INCLUDING	ICELAND &	GREENLAND)		EUROPE (INCLUDING	ICELAND &	GREENLAND)		EUROPE (INCLUDING	ICELAND &	GREENLAND)		EUROPE (INCLUDING	ICELAND &	GREENLAND)	EUROPE (INCLUDING		GREENLAND)
THE G	Grants and Other	(b) IRS code section and EIN (if applicable)																															
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization																															

Page 2	(i) Method of valuation (book, FMV, appraisal, other)	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE			
	(h) Description of non-cash assistance	N/A	ď/N	N/A			
40578 90), Part II, line 1	(g) Amount of non-cash assistance	0	O	0			
81-0840578 (Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	48,000. WIRE TRANSFER	WIRE TRANSFER	68,000. WIRE TRANSFER			
		48,000.	100 000	000,89			
コエリ丁王, INC ions or Entities Outside the United States.	(d) Purpose of grant	BUILD A STRONG OPEN-ACCESS ALTERNATIVE PROTEIN RESEARCH AND TRAINING	VITAMINSEA – ENHANCING COST-EFFECTIVE AND EFFICIENT NUTRIENT	CRISPY CHECKEN: A MESENCHYMAL STEM CELL LINE FOR CULTIVATED MEAT			
(Form 990) THE GOOD FOOD INSTITUTE, Continuation of Grants and Other Assistance to Organizations or Entit	(c) Region	MIDDLE EAST AND ANO NORTH AFRICA	UDING				
THE GGrants and Other A	(b) IRS code section and EIN (if applicable)						
Schedule F (Form 990) Part II Continuation of	1 (a) Name of organization						

THE GOOD FOOD INSTITUTE,

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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Page 3

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(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2022

ti C	Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Only the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	Yes	X No
ti C	he organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
	hid the organization have an interest in a foreign trust during the tax year? If "Voc " the organization may		
b F	the diganization have an interest in a foleigh trast during the tax year: In Fes, the diganization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
ti	olid the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
c II	Vas the organization a direct or indirect shareholder of a passive foreign investment company or a jualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing fund (see Instructions for Form 8621)	Yes	X No
ti	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," he organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
ш	olid the organization have any operations in or related to any boycotting countries during the tax year? If Yes, " the organization may be required to separately file Form 5713, International Boycott Report (see instructions for Form 5713; don't file with Form 990)	Yes	X No

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

PART I, LINE 2:

EACH GRANTEE SUBMITS A BUDGET PROPOSAL AND ONCE AN AGREED UPON BUDGET IS

REACHED, GFI SENDS THE GRANTEE A LETTER STATING THE AMOUNT OF FUNDS TO BE

DISBURSED AND A DESCRIPTION OF THE USE OF THE FUNDS. AT THE COMPLETION

OF THE AWARD PERIOD, THE GRANTEE SUBMITS A FINAL REPORT THAT CONTAINS A

SUMMARY OF THE USE OF FUNDS.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA & THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: HARNESS THE POWER OF FOOD

INNOVATION AND MARKETS TO MAKE THE GLOBAL FOOD SYSTEM BETTER FOR THE

PLANET, PEOPLE, AND ANIMALS BY SUPPORTING EFFORTS TO MAKE ALTERNATIVE

PROTEINS ACCESSIBLE, AFFORDABLE, AND DELICIOUS.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HARNESS THE POWER OF FOOD

INNOVATION AND MARKETS TO MAKE THE GLOBAL FOOD SYSTEM BETTER FOR THE

PLANET, PEOPLE, AND ANIMALS BY SUPPORTING EFFORTS TO MAKE ALTERNATIVE

PROTEINS ACCESSIBLE, AFFORDABLE, AND DELICIOUS.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HARNESS THE POWER OF FOOD

INNOVATION AND MARKETS TO MAKE THE GLOBAL FOOD SYSTEM BETTER FOR THE

PLANET, PEOPLE, AND ANIMALS BY SUPPORTING EFFORTS TO MAKE ALTERNATIVE

PROTEINS ACCESSIBLE, AFFORDABLE, AND DELICIOUS.

REGION: MIDDLE EAST & NORTH AFRICA

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: HARNESS THE POWER OF FOOD

INNOVATION AND MARKETS TO MAKE THE GLOBAL FOOD SYSTEM BETTER FOR THE

PLANET, PEOPLE, AND ANIMALS BY SUPPORTING EFFORTS TO MAKE ALTERNATIVE

PROTEINS ACCESSIBLE, AFFORDABLE, AND DELICIOUS.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: HARNESS THE POWER OF FOOD

INNOVATION AND MARKETS TO MAKE THE GLOBAL FOOD SYSTEM BETTER FOR THE

PLANET, PEOPLE, AND ANIMALS BY SUPPORTING EFFORTS TO MAKE ALTERNATIVE

PROTEINS ACCESSIBLE, AFFORDABLE, AND DELICIOUS.

REGION: EAST ASIA & THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: SCALABLE PRODUCTION OF

PRECISION-ENGINEERED ALTERNATIVE PROTEIN WITH MEAT-LIKE APPEARANCE AND

TEXTURE; CHICKEN AND SHEEP TAG PRODUCTION FROM FOOD WASTE STREAMS WITH

YEAST. TESTING EFFICIENT METHODS FOR ENHANCED STABILITY, SUSTAINED

RELEASE AND EASE OF DELIVERY OF GROWTH FACTORS IN THE MEDIUM: LIPID

COCHLEATE-BASED FORMULATION OF BASIC FIBROBLAST GROWTH FACTOR.

ENGINEERING CONNECTIVE LAYER CONSTRUCTED BY PLANT PROTEIN FIBRILS FOR

CREATING WHOLE-CUT MEAT SUBSTITUTES. UTILIZATION OF MICROALGAL

FERMENTATION PRODUCT TO PRODUCE STRUCTURED PLANT-BASED FAT FOR MEAT

ANALOGUE.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEAFOOD SPECIES

CHARACTERIZATION. SCALABLE PROCESSES FOR OBTAINING 3D STRUCTURED

WHOLE-CUTS OF FISH. WHOLE CUT CHICKEN ANALOGS FROM MASSIVE DYNAMIC

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

COCOON-LIKE BACTERIAL CELLULOSE TISSUE-ENGINEERING CONSTRUCTS. BIOMIMIC

OF FISH FILLETS USING FUNGAL PROTEINS BY ENZYMATIC TREATMENT OR WITH

EXOPOLYSACCHARIDES PRODUCED BY LACTOBACILLUS SPP. ELECTROSPINNING OF

PLANT PROTEINS TO PRODUCE 3D MEAT ANALOGUES. PRODUCE WHOLE CUTS OF

CHICKEN MEAT WITH THE TASTE EXPERIENCE THROUGH COMBINATION OF CULTIVATED

MEAT AND PLANT-BASED TECHNIQUES. DERIVATION OF EMBRYONIC SOMATIC CELLS

AND TRANSGENE-FREE IPSCS FROM TWO IMPORTANT NEOTROPICAL FISH SPECIES.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: IN VITRO DIFFERENTIATION AND

CHARACTERIZATION OF FISH MUSCLE AND OPTIMIZATION ON PLANT-BASED

SCAFFOLDING TOWARDS WHOLE CUT SEAFOOD PRODUCTION. SELECT VARIETIES OF

SORGHUM, PEARL MILLET AND FINGER MILLET TOWARDS PROMOTING NUTRITIONALLY

SUPERIOR, SENSORY ACCEPTABLE AND COST EFFECTIVE INDIAN FLATBREAD

BISCUITS.

REGION: MIDDLE EAST & NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: STUDY THE GENETIC BASIS OF

PROLIFERATION IN CULTURED MEAT. DEVELOPMENT OF INJECTION-MOLDED STEAK.

COST-EFFECTIVE EXTRACTION OF HIGH-QUALITY RUBISCO PROTEIN FROM A GREEN

WASTE OF COMMON CROPS. DEVELOPING A FERMENTATION PROCESS FOR RECOMBINANT

POTATO PATATIN. ASSEMBLY AND MATURATION OF SKELETAL MUSCLE ORGANOID

BUILDING BLOCKS INTO THICK WHOLE-CUT. GRANT FOR ISRAEL AFFILIATE TO FUND

SCITECH GRANTS.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: UNCOVERING THE SECRETOME OF

Schedule F (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC

81-0840578

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Part V | Supplemental Information

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

EVOLVING PRIMARY MUSCLE CELLS FOR IN VITRO MEAT PRODUCTION. POLICY AND

COMMUNICATIONS WORK. UNIVERSITY OF NOVI SAD ALT PROTEIN CLUB SUPPORT.

CULTIVATED MEAT LIFECYCLE ANALYSIS. UNDERSTANDING AND CONTROLLING THE

TEXTURE OF FILAMENTOUS FUNGI TO PATH THE WAY FOR MYCELIUM-BASED MEAT AND

SEAFOOD ALTERNATIVES. ALGAE 2 FISH.

REGION: NORTH AMERICA (NON US)

(E) SPECIFIC TYPES OF SERVICES IN REGION: MULTIOMIC CHARACTERIZATION OF

FISH STEM CELL CULTURE MEDIA. PROTEIN EXTRACTION AND SCALE UP FROM

BROSIMUM ALICASTRUM. ENZYMATIC CONVERSION OF OILS INTO FUNCTIONAL FATS

USING GLYCEROLYSIS.

PART II, COLUMN (D):

REGION: NORTH AMERICA (NON US)

(D) PURPOSE OF GRANT: EXPLORATION INTO PLANT-BASED TRANSFERRIN

SUBSTITUTES FOR MEDIA FOR CULTIVATED MEAT

REGION: NORTH AMERICA (NON US)

(D) PURPOSE OF GRANT: THE ROLE OF FOOD MATRIX COMPONENTS IN MODULATING
THE FLAVOR OF ALTERNATIVE SEAFOOD ROMULATIONS DURING BAKING AND

REGION: SOUTH AMERICA

REFRIGERATED STORAGE

(D) PURPOSE OF GRANT: SOLID STATE FERMENTATION OF PEANUT MEAL FOR

WHOLE-CUT MEAT PRODUCTION USING HME

REGION: SOUTH AMERICA

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

(D) PURPOSE OF GRANT: TECHNOLOGY FOR OBTAINING FLOUR FROM BABASSU ALMOND

RESIDUE: FOOD INGREDIENTS

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FULL USE OF THE CUPUACU ALMOND: PRODUCTION OF

HIGH-QUALITY SUSTAINABLE PRODUCTS ADDED VALUE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: DEVELOPMENT OF NEW INGREDIENTS TO ADD VALUE OF

RESIDUAL BIOMASS FROM BARU PROCESSING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: APPLICATION OF THE BIOREFINERY CONCEPT IN THE BARU

(DIPTERYX ALATA VOGEL) PROCESSING CHAIN

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: BYPRODUCT BIOCONVERSION FROM THE CHESTNUT

AGROINDUSTRY IN THE AMAZON INTO PROTEIN PLANT-FUNGI BASED TYPE MEAT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FERMENTED PRODUCTS OBTAINED FROM BRAZIL NUT AND

BABASSU FLOURS: COMBINING SCIENTIFIC AND TRADITIONAL KNOWLEDGE FOR

INNOVATION, HEALTH PROMOTION, FOOD SECURITY AND INCOME GENERATION FOR

COMMUNITIES IN THE AMAZON REGION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: THE WEALTH OF PEOUI: DEVELOPMENT, CHARACTERIZATION

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

AND APPLICATION OF AN ANALOGUE OF MEAT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INGREDIENTS FOR PLANT-BASED PRODUCTS FROM WASTE

FROM CUPUACU AND GUARANA PROCESSING, UNDER THE CONCEPTS OF CLEAN

TECHNOLOGIES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: DEFINE GENETIC VARIANCE OF PROLIFERATIVE CAPACITY

AND ADIPOGENIC POTENTIAL OF BOVINE ADIPOCYTES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: DESIGN AND OPTIMIZE NATURAL NANO-EMULSION SYSTEMS

OF OMEGA-3 NUTRITIVE LIPIDS WITH OTHER NUTRIENTS DISPERSED WITHIN EDIBLE

VEGETABLE MEAT-LIKE PRODUCTS FOR ENHANCED NUTRITIONAL VALUE

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: BUILDING A SUSTAINABLE FOOD SYSTEM IN FLANDERS BY

PUBLIC INVESTMENT IN SUSTAINABLE PROTEIN RESEARCH

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: PRECISION FERMENTATION OF GREEN TEA LEAF RESIDUE

USING EDIBLE FUNGI FOR INTACT RUBISCO

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: INVESTIGATION OF VERSATILE ANTIOXIDANT PERFORMANCE

IN OIL-IN-PROTEIN GEL MATRIX ENVIRONMENT

Schedule F (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC

81-0840578 Page **5**

Part V | Supplemental Information

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

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: FISH TISSUE PROTEOMICS AS BASELINE EVALUATION FOR

SAFER CULTIVATED SEAFOOD WITH KNOWN ALLERGEN PROFILE

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DEVELOPMENT OF NOVEL MEDIA RECYCLING SYSTEM FOR

APPLICATION IN CULTIVATED MEAT PRODUCTION

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CONVERTING WASTES TO HIGH-VALUE FOOD-GRADE LIPIDS

BY FERMENTATION (WASTE-TO-LIPIDS): AN OPEN SOURCE TECHNO-ECONOMIC

ANALYSIS AND LAB SCALE PROOF OF CONCEPT.)

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STUDY AND APPLICATION OF SUPERCRITICAL EXTRACTION

OF BRAZIL NUTS (BERTOLLETIA EXCELSA) IN PROTEIN FORMULATIONS FOR BURERS

AND VEGETABLE NUGGETS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: BULTITUDE UTILIZING A NOVEL GLUCOSE METABOLISM

PATHWAY TO OPTIMIZE CULTIVATED PORCINE MEAT CULTURE

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: COMPREHENSIVE PLATFORM FOR SELECTING AND PRODUCING

ALGAL EXTRACTS AS CELL MEDIA COMPONENTS FOR MEAT CULTIVATION

Schedule F (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC	81-0840578	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.	od); and Part III, column (c)	
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: DEVELOPMENT OF A COMBINED COMPUTATION	NAL FLUID	
DYNAMICS AND TECHNO-ECONOMIC ANALYSIS MODELING WORKFLOW FO		
CHARACTERIZATION AND OPTIMIZATION OF CULTIVATED MEAT BIORE		
LINES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: BUILD A STRONG OPEN-ACCESS ALTERNATI	VE PROTEIN	
RESEARCH AND TRAINING ECOSYSTEM BY IDENTIFYING AND ENGAGIN	IG RESEARCHERS	
AND STUDENTS TO JOIN THE FIELD, FORGING PARTNERSHIPS WITH	UNIVERSITIES 7	ГО
BOLSTER THE ALTERNATIVE PROTEIN RESEARCH COMMUNITY, DEVELO)PING	
OPEN-ACCESS RESOURCES, AND FACILITATING COLLABORATION NETW	IORKS	
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: VITAMINSEA - ENHANCING COST-EFFECTIVE	'E AND	
EFFICIENT NUTRIENT DELIVERY IN FISH EMBRYONIC STEM CELL CU	LTURE MEDIUM	
VIA FUNCTIONAL BIOACTIVE MICROCARRIERS		
PART II, LINE 1 (ACCOUNTING METHOD):		
THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO	ACCOUNT FOR	
CASH GRANTS.		

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public Inspection Employer identification number 81-0840578

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. INC THE GOOD FOOD INSTITUTE, Name of the organization Department of the Treasury Internal Revenue Service

Part I	Part I General Information on Grants and Assistance	nd Assistance							
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants α	ວr assistance, the ເ	grantees' eligibility i	for the grants or assis	stance, and the selection		
crit	criteria used to award the grants or assistance?	tance?						X Yes	2
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring the use of grant for	unds in the United	States.				
Part II	Part II Grants and Other Assistance to Domestic Organizations and I	Jomestic Organi:	zations and Domestic	Governments. C	complete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if additio	nal space is needε	ed.				
1 (a)	1 (a) Name and address of organization	(h) FIN	(c) IBC section (d) Amount of (e) Amount of	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant	rant

1 (a) Name and address or organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLIMATE ADVISERS							PUBLIC POLICY ADVOCACY CAMPAIGN TO US AND
1802 VERNON ST. NW, UNIT 518							MULTILATERAL INSTITUTIONS
WASHINGTON, DC 20009	26-0609378	501(C)(3)	520,000.	□ 0	N/A	N/A	TO PROMOTE ALTERNATIVE
							ENZYMATIC TREATMENT OF
PURDUE UNIVERSITY							HEMP FOR HIGHLY
60 PURDUE MALL							FUNCTIONAL PLANT-BASED
WEST LAFAYETTE, IN 47907	35-6002041		230,000.	0 · 0	N/A	N/A	MEAT INGREDIENT IN
SAN DIEGO STATE UNIVERSITY							GENERATING SEAFOOD FLAVOR
RESEARCH FOUNDATION - 5250							FROM MACROALGAE PROTEIN
CAMPANILE DRIVE - SAN DIEGO, CA							HYDROLYSATES THROUGH
92182	95-6042721		203,784.	0.	N/A	N/A	MAILLARD REACTIONS
TUFTS UNIVERSITY							
136 HARRISON AVENUE (75K-950)							CELLULAR AGRICULTURE
BOSTON, MA 02111	04-2103634		90,000.	0.	N/A	N/A	RESEARCH PROGRAM SUPPORT
							CREATING IMMORTALIZED
UC REGENTS - UC DAVIS							CHICKEN MUSCLE STEM CELL
1850 RESEARCH PARK DRIVE							LINE WITH INDUCIBLE
DAVIS, CA 95618	94-6036494		158,038.	0.	N/A	N/A	MYOGENIC REJUVENATION.
							REDUCE THE COST OF
UNIVERSITY OF IDAHO							PLANT-BASED MEAT ANALOG
875 PERIMETER DRIVE MS3020							WITHOUT AFFECTING ITS
MOSCOW, ID 83844-2030	82-6000945		250,000.	0.1	0.N/A	N/A	TEXTURE AND NUTRITION BY

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Schedule I (Form 990) 2022

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Page 2

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INC

THE GOOD FOOD INSTITUTE

Schedule I (Form 990) 2022

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) BE OF F **Supplemental Information.** Provide the information required in Part II, ine 2; Part III, column (b); and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. HS οL AT THE COMPLETION BUDGET PROPOSAL AND ONCE AN AGREED UPON BUDGET SENDS THE GRANTEE A LETTER STATING THE AMOUNT OF FUNDS THE GRANTEE SUBMITS A FINAL REPORT THAT CONTAINS (d) Amount of non-cash assistance DISBURSED AND A DESCRIPTION OF THE USE OF THE FUNDS. NAME OF ORGANIZATION OR GOVERNMENT: CLIMATE ADVISERS (c) Amount of cash grant (b) Number of recipients LINE 1, COLUMN (H): SUMMARY OF THE USE OF FUNDS. (a) Type of grant or assistance ď EACH GRANTEE SUBMITS THE AWARD PERIOD, LINE GFI PART II, REACHED, PART I,

232102 10-31-22

Schedule I (Form 990) THE GOOD FOOD INSTITUTE, INC 81-0840578 Page 2
Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: PUBLIC POLICY ADVOCACY CAMPAIGN TO
US AND MULTILATERAL INSTITUTIONS TO PROMOTE ALTERNATIVE PROTEINS
NAME OF ORGANIZATION OR GOVERNMENT: PURDUE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: ENZYMATIC TREATMENT OF HEMP FOR
HIGHLY FUNCTIONAL PLANT-BASED MEAT INGREDIENT IN COMMERCIAL
MANUFACTURING. EXPLORING COMBINATORIAL BIO-MANUFACTURING PROCESSES FOR AN
ALTERNATIVE PROTEIN FOOD-BY-DESIGN SYSTEM
NAME OF ORGANIZATION OR GOVERNMENT: UC REGENTS - UC DAVIS
(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING IMMORTALIZED CHICKEN MUSCLE
STEM CELL LINE WITH INDUCIBLE MYOGENIC REJUVENATION. SIMULTANEOUS
MODELING OF CELL GROWTH AND HYDRODYNAMICS FOR OPTIMAL DESIGN AND
OPERATION OF LARGE-SCALE BIOREACTORS
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IDAHO
(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCE THE COST OF PLANT-BASED MEAT
ANALOG WITHOUT AFFECTING ITS TEXTURE AND NUTRITION BY USING HYDROLYZED
PEA PROTEINS PRODUCED FROM ENZYMATIC REACTIVE EXTRUSION (EREX)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

THE GOOD FOOD INSTITUTE, INC

Employer identification number 81-0840578

ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Ps	rrt I Questions Regarding Compensation	704037		
to Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	1 6	act Quodadio fieguranig Compendation		Ves	Na
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments or provision of the payments or provision or provision or provision or provision payments or provision or provision payments or provision or provision payments or provision paymen	4_	Check the appropriate boy(so) if the expenientian provided any of the following to ay few a payon listed on Form 000		Yes	NO
First class or charter travel	ia				
Travel for companions					
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 a are checked, clid the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee X					
Discretionary spending account					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant 3 Indicate which, if any, of the following the organization used to establish on the reveal of the following the organization of the CEO/Executive Director, but explain in Part III. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Participate in or receive payment from an equity-based compensation arrangement? 6 Participate in or receive payment from an equity-based compensation arrangement? 9 Participate in or receive payment from an equity-based compensation arrangement? 1 Pres" to any of lines 4a-c, list th					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Compensation committee 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 4 CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 5 Participate in or receive payment from a supplemental nonqualified retirement plan? 5 Participate in or receive payment from a supplemental nonqualified retirement plan? 6 Participate in or receive payment from an equity-based compensation arrangement? 7 Participate in or receive payment from an equity-based compensation arrangement? 8 Participate in or receive payment from an equity-based compensation survey or accrue any compensation contingent on the revenues of: 9 The organization? 1 Participate on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 9 The organization? 1 Participate on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not		Discretionary spending account Personal services (such as maid, chauffeur, cher)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A Y Yes" to nine 5 are 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 5 Any related organization? 1 If "Yes" on line 6 are 5b, describe in Part III. 7 A X 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 A X 9 If "Yes" on line 8 did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8 in the following payment from 90, Part VII, Section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Compensation committee 3 Independent compensation consultant 3 Compensation survey or study 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment for ma supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable annuals for each item in Part III. 5 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A Y Yes on line 5 ard 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 5 Any related organization? 1 If "Yes" on line 6 ard 5b, describe in Part III. 7 A X 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, Section 34, 4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8 did the organization also follow the rebuttable presumption procedure described in Part III. 8 If "Yes" on line 8 did	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A Y If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X The organization? 6 A X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 7 A X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 6, did the organization also follow the rebuttable presumption p			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A Y If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X The organization? 6 A X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 7 A X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 6, did the organization also follow the rebuttable presumption p					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X b Any related organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5a X b Any related organization? 5a X c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X					
X Compensation committee X Written employment contract ☐ Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. a The organization on the revenues of: a The organization? 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X If "Yes" on line 6a or 6b, describe in Part III. <td></td> <td></td> <td></td> <td></td> <td></td>					
Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Regulation and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		<u> </u>			
X Form 990 of other organizations X Approval by the board or compensation committee					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 8 Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			8		Х
	9				
Regulations section 53.4958-6(c)?	_	Regulations section 53.4958-6(c)?	9		

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

81 - 0840578

THE GOOD FOOD INSTITUTE,

Schedule J (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC 81-0840578

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRUCE FRIEDRICH	Ξ	166,991.	0	0	5,019.	8,034.	180,044.	0
PRESIDENT AND FOUNDER	(E)	0	0	0	• 0	0.	• 0	• 0
(2) SARAH DAVID	Ξ	155,374.	0	0	4,744.	9,468.	169,586.	0
GEN. COUNSEL, SECRETARY, TREASURER	(E)	0	0	0	• 0	0.	• 0	• 0
(3) JESSICA ALMY	Ξ	149,413.	0	0	4,523.	2,231.	156,167.	0
SVP - POLICY	Œ	0	• 0	• 0	• 0	0 •	0 • 0	• 0
(4) SUSAN MCCAUSLAND-HALTEMAN	Ξ	141,221.	0	0	4,246.	8,034.	153,501.	• 0
SVP - DEVELOPMENT	(E)	0	0	0	• 0	0.	• 0	• 0
(5) ELIZABETH SPECHT	(i)	147,645.	0	• 0	4,514.	0.	152,159.	• 0
SVP - SCIENCE AND TECHNOLOGY	Œ)	0.	0.	0	• 0	0.	0.	• 0
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							Schedu	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 81 - 0840578CONTEMPORANEOUSLY DOCUMENTS ITS REVIEW PROCEDURES AND PRESENTS THE FINDINGS BUDGET SIZE. THE COMMITTEE USES A VARIETY OF SOURCES, INCLUDING SALARY AND REVIEW OF THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND OTHER SENIOR COMPARABLE BACKGROUND, EXPERIENCE, EDUCATION, ETC. THIS IS ACCOMPLISHED BY LEADERSHIP. THE COMMITTEE EVALUATES THE REASONABLENESS OF COMPENSATION AS THE GFI COMPENSATION COMMITTEE, AN INDEPENDENT BODY, CONDUCTS AN ANNUAL FOCUSING, WHEN POSSIBLE, ON THOSE WITH SIMILAR MISSIONS AND OF SIMILAR REVIEWING SALARY AND BENEFITS DATA OF VARIOUS NONPROFIT ORGANIZATIONS BENEFIT SURVEYS PREPARED BY INDEPENDENT SOURCES, IRS 990'S POSTED ON IT COMPARES TO REMUNERATION FOR SIMILARLY QUALIFIED INDIVIDUALS WITH TO THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST COMPLETED IN 2023 WEBSITES THAT MONITOR/EVALUATE CHARITIES, ETC. THE COMMITTEE INC THE GOOD FOOD INSTITUTE, Part III Supplemental Information PART I, LINE 3: Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	THE GOOD FOO!	D INST	ITUTE, INC	C		81-0840	578	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncast	(d) hod of determin n contribution a		s
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	Х	12	442,490.	MARKET	VALUE		
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							
19	Food inventory	Х	15	11,604.	RETAIL	VALUE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (VIRTUAL CURRENC)	Х	1	520.	MARKET	VALUE		
26	Other (STAFF UNIFORM E)	Х	2		MARKET			
27	Other (-		-		
28	Other (
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 828	_	· ·					
		, , -					Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 through	ah 28. that it			
	must hold for at least 3 years from the date of			· · · · · · · · · · · · · · · · · · ·	•			
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	31	х	
32a	Does the organization hire or use third parties of					J.	T -	
- - u			_	or, process, or sen noneasir		32a		X
b	If "Yes," describe in Part II.					<u> </u>		
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked.			
	describe in Part II.		, p p. oport)	(4) 10 0110	,			
							•	_

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

Schedule M	(Form 990) 2022	THE	GOOD	FOOD	INSTI	TUTE,	INC			81-	0840578	Page 2
Part II	Supplemental is reporting in Part	Inform	nation.	Provide th	ne informat	tion require	d by Part	: I, lines 30b	, 32b, and 33,			
	this part for any ac	Iditional	information	on.								
_												

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE GOOD FOOD INSTITUTE, INC **Employer identification number** 81-0840578

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MOST EFFECTIVE SOLUTIONS, MOBILIZE RESOURCES AND TALENT, AND EMPOWER PARTNERS ACROSS THE FOOD SYSTEM TO MAKE ALTERNATIVE PROTEINS ACCESSIBLE, AFFORDABLE, AND DELICIOUS.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, COMMERCIALIZATION OF ALTERNATIVE PROTEINS.

INSPIRING AND SUPPORTING THE NEXT GENERATION OF INNOVATORS IN THE ALTERNATIVE PROTEIN INDUSTRY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNICATIONS - GFI'S COMMUNICATIONS DEPARTMENT POSITIONS GFI AS GLOBAL THOUGHT LEADER AND TRUSTED SOURCE OF DATA AND INSIGHTS ACROSS THE FIELD OF ALTERNATIVE PROTEINS AND THROUGHOUT THE ADJACENT FIELDS OF GLOBAL HEALTH, AND SUSTAINABLE FOOD SYSTEMS. WE ELEVATE THE CLIMATE, EXPERTISE OF OUR STAFF AND WORK ACROSS THE ORGANIZATION TO PUBLISH AND DISSEMINATE ORIGINAL RESEARCH AND REPORTS, SECURE HIGH-PROFILE MEDIA CONVENE AND PROMOTE COMMUNITY AND CAPACITY-BUILDING EVENTS COVERAGE, AND THOUGHTFULLY ENGAGE MEDIA AND OTHER INFLUENCERS ACROSS THE PRIVATE AND PUBLIC SECTORS AND CIVIL SOCIETY TO POSITION ALTERNATIVE PROTEINS AS A KEY SOLUTION FOR A BETTER FOOD FUTURE. EXPENSES \$ 2,255,484. INCLUDING GRANTS OF \$ 0. REVENUE \$

INTERNATIONAL - GFI'S INTERNATIONAL PROGRAM CONSISTS OF TECHNICAL AND MANAGEMENT SUPPORT FROM ITS US TEAM TO ITS FOREIGN AFFILIATES, AS WELL ADDITIONAL INTERNATIONAL ACTIVITIES LED DIRECTLY BY THE US TEAM SUCH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Name of the organization THE GOOD FOOD INSTITUTE, INC

Employer identification number 81-0840578

AS MANAGEMENT OF INTERNATIONAL SUB-GRANTS AND PROGRAMMATIC EVENTS.

GFI'S GLOBAL MISSION IS TO ACCELERATE WORLDWIDE ENGAGEMENT OF

SCIENTISTS IN ALTERNATIVE PROTEIN RESEARCH, DRIVE GLOBAL POLICY AND

REGULATORY ADVANCEMENTS, FOSTER SUCCESSFUL GENERATION OF NEW COMPANIES,

AND AMPLIFY MEDIA COVERAGE OF ALTERNATIVE PROTEIN INNOVATION.

EXPENSES \$ 1,400,518. INCLUDING GRANTS OF \$ 573,286. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

LANGUAGE WAS ADDED TO CLARIFY WHAT WILL HAPPEN IN THE EVENT OF A BOARD VOTE

THAT RESULTS IN A TIE (THE CHAIR (OR THE EXECUTIVE DIRECTOR IN THE CHAIR'S

ABSENCE, OR THE CHOSEN DIRECTOR IN THE EXECUTIVE DIRECTOR'S ABSENCE) SHALL

CAST A TIE-BREAKING VOTE). IN ADDITION, ARTICLE VIII INDEMNIFICATION WAS

UPDATED FOR CLARITY, AND A SECTION WAS ADDED TO CLARIFY EXPENSES WHICH MAY

BE PAID BY GFI.

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

SUBSTANTIVE SECTIONS OF THE FORM 990 WERE REVIEWED BY THE CEO, GENERAL

COUNSEL, VICE PRESIDENT OPERATIONS, AND SENIOR FINANCE MANAGER AS WELL AS

OTHER KEY PERSONNEL. ALL MEMBERS OF THE BOARD OF DIRECTORS WERE PROVIDED A

COMPLETE ELECTRONIC COPY OF THIS FORM 990 PRIOR TO IT BEING SUBMITTED TO

THE IRS.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AT THE TIME OF HIRE AND

ANY TIME A POTENTIAL CONFLICT ARISES. THE EMPLOYEE MUST DISCLOSE THAT

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Schedule O (Form 990) 2022 Page 2

Name of the organization THE GOOD FOOD INSTITUTE, INC

Employer identification number 81-0840578

POTENTIAL CONFLICT TO HIS OR HER IMMEDIATE SUPERVISOR WHENEVER POSSIBLE,

BEFORE ENGAGING IN ANY ACTIVITY, TRANSACTION OR RELATIONSHIP THAT MIGHT

GIVE RISE TO A CONFLICT OF INTEREST, EMPLOYEES SHOULD CONSULT WITH THEIR

IMMEDIATE SUPERVISOR(S) OR THE GENERAL COUNSEL.

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

THE GFI COMPENSATION COMMITTEE, AN INDEPENDENT BODY, CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE PRESIDENT, CHIEF EXECUTIVE OFFICER AND OTHER SENIOR LEADERSHIP. THE COMMITTEE EVALUATES THE REASONABLENESS OF COMPENSATION AS IT COMPARES TO REMUNERATION FOR SIMILARLY QUALIFIED INDIVIDUALS WITH COMPARABLE BACKGROUND, EXPERIENCE, EDUCATION, ETC. THIS IS ACCOMPLISHED BY REVIEWING SALARY AND BENEFITS DATA OF VARIOUS NONPROFIT ORGANIZATIONS, FOCUSING, WHEN POSSIBLE, ON THOSE WITH SIMILAR MISSIONS AND OF SIMILAR BUDGET SIZE. THE COMMITTEE USES A VARIETY OF SOURCES, INCLUDING SALARY AND BENEFIT SURVEYS PREPARED BY INDEPENDENT SOURCES, IRS 990'S POSTED ON WEBSITES THAT MONITOR/EVALUATE CHARITIES, ETC. THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS REVIEW PROCEDURES AND PRESENTS THE FINDINGS TO THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST COMPLETED IN 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC,TN,UT

VA,WI,WV

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE ON REQUEST AS DETERMINED BY THE CHIEF EXECUTIVE

OFFICER.

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
THE GOOD FOOD INSTITUTE, INC	81-0840578
FORM 990, PAGE 7, PART VII, SECTION A	
STEWART DAVID (BOARD MEMBER) AND SARAH DAVID (GENERAL COUN	ISEL) ARE NOT
RELATED.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	_
CONSULTING/CONTRACTUAL:	
PROGRAM SERVICE EXPENSES	1,521,038.
MANAGEMENT AND GENERAL EXPENSES	173,661.
FUNDRAISING EXPENSES	126,740.
TOTAL EXPENSES	1,821,439.
GRAPHIC & WEB DESIGN VIDEO PRODUCTION AND WRITING/EDITING:	
PROGRAM SERVICE EXPENSES	140,790.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	140,790.
MARKET RESEARCH:	
PROGRAM SERVICE EXPENSES	435,000.
MANAGEMENT AND GENERAL EXPENSES	399.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	435,399.
SOFTWARE AS SERVICE AND OTHER:	
PROGRAM SERVICE EXPENSES	359,212.
MANAGEMENT AND GENERAL EXPENSES	118,043.
FUNDRAISING EXPENSES	29,162.
TOTAL EXPENSES	506,417.
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Schedule O (Form 990) 2022	Page 2
Name of the organization THE GOOD FOOD INSTITUTE, INC	Employer identification number 81-0840578
INTERNATIONAL CONTRACTORS:	
PROGRAM SERVICE EXPENSES	912,855.
MANAGEMENT AND GENERAL EXPENSES	205,940.
FUNDRAISING EXPENSES	224,976.
TOTAL EXPENSES	1,343,771.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,247,816.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2022

OMB No. 1545-0047

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

Employer identification number $81-084\,057\,8$

THE GOOD FOOD INSTITUTE, INC Name of the organization

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

Part I

Direct controlling 222,282, INSTITUTE, INC. 977,565, INSTITUTE, INC. 735,378, INSTITUTE, INC. 235,240. INSTITUTE, INC. не соор гоор THE GOOD FOOD THE GOOD FOOD THE GOOD FOOD End-of-year assets **e** 1,387,454, 2,152,586. 611,624. 626,989 Total income ੁ Legal domicile (state or foreign country) HONG KONG BELGIUM SRAZIL INDIA Primary activity FOOD INNOVATION FOOD INNOVATION FOOD INNOVATION FOOD INNOVATION FLAT A; 22/F, WING CHEONG COMM. BLDG.; 23 JE LIMITED, 505, FLOOR 5TH, 123, OM CHAMBERS, AUGUST KRANTI MARG, KEMPS CORNER, MUMBAI, ASSOCIACAO THE GOOD FOOD INST DO BRASIL RUA CONEGO EUGENIO LEITE; 840-PINHEIROS Name, address, and EIN (if applicable) ALTERNATIVE PROTEIN SOLUTIONS PRIVATE THE GOOD FOOD INSTITUTE ASIA PACIFIC THE GOOD FOOD INSTITUTE EUROPE ASBL of disregarded entity 05414-001 DREVE DU PRESSOIR 38 1190 HONG KONG, HONG KONG SAU PAULO, BRAZIL BRUSSELS, BELGIUM

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

(a)	(q)	(c)	(p)	(e)	(f)	(g)	100
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 12(b)(z(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	5
				501(c)(3))		Yes	No
GOOD FOOD LEGISLATIVE FUND, INC	WORK WITH LEGISLATORS TO						
84-3138225, 2503 N. HARRISON ST., #19,	TRANSFORM FOOD SYSTEMS						
ARLINGTON, VA 22207	TOWARD ALTERNATIVE	VIRGINIA	501(C)(4)				×

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

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) THE GOOD FOOD INSTITUTE,	INSTITUTE, INC				81-0840578
Part I Continuation of Identification of Disregarded Entities	ntities				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE GOOD FOOD INSTITUTE ISRAEL YAHALOM 7 SHOHAM, ISRAEL 60805-07	FOOD INNOVATION	ISRAEL	1,686,493.	789,208.	THE GOOD FOOD 789,208,INSTITUTE, INC.
THE GOOD PROTEIN NETWORK LIMITED 11 IRVING PLACE; #09-01 SINGAPORE, SINGAPORE 36955-1	FOOD INNOVATION	SINGAPORE	593,758.	301,065.	THE GOOD FOOD 301,065. INSTITUTE, INC.

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Schedule R (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC

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

) ntage ship		
(j) (k) General or Percentage managing ownership partner?		
(j) eneral or anaging lartner? es No		
(i) (j) Code V-UBI General or Peramount in box partner? 20 of Schedule K-1 (Form 1065) Yes No		
(i) de V-Ul unt in k Schec		
Coc amol 20 of K-1 (F		
tionate		
Dispropor allocati		
(g) Share of end-of-year assets		
total		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(e) minant ted, unr d from 1		
Predo (relat exclude secti		
(d) Direct controlling entity		
(d) t contr entity		
Direc		
(c) Legal domicile (state or foreign		
ıty		
(b) ry activi		
(b) Primary activity		
Z c		
(a) Name, address, and EIN of related organization		
(a) ddress, ed orga		
ame, a of relate		
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

ı		ı			ı		ı		ı		ı	
	<u> </u>	Section 512(b)(13) controlled entity?	Yes No									
		512(cont	Yes									
- 1	Ξ	ر ۾										
	(<u>6</u>)	Share of end-of-year	assets									
	Œ	Share of total income										
	(e)	rpe of entity sorp, S corp	or inderly									
	(g	Direct controlling entity										
- 1	(၁)	Legal domicile (state or foreign	country)									
	(q)	Primary activity										
	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2022

81 - 0840578INC THE GOOD FOOD INSTITUTE,

Page 3

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Yes

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Performance of services or membership or fundraising solicitations for related organization(s)
 Performance of services or membership or fundraising solicitations by related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

Purchase of assets from related organization(s) Exchange of assets with related organization(s)

Sale of assets to related organization(s)

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_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1	×
0	o Sharing of paid employees with related organization(s)				9	×
						1
٥	Reimbursement paid to related organization(s) for expenses				4	×
Ь	q Reimbursement paid by related organization(s) for expenses				19	×
_	r Other transfer of cash or property to related organization(s)				11	×
S	Other transfer of cash or property from related organization(s)				18	X
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	s line, including covered r	elationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
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Schedule R (Form 990) 2022 THE GOOD FOOD INSTITUTE, INC

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(k) rcenta vnersh								
lor Pe								1
(j) Seneral managi partnel Yes N								!
(h)								
(h) sproportionate								
Dis allo								
(g) Share of end-of-year assets								
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) orgs.? Yes No								
ne pa , i oder — , v								
(d) Predominant income prelated, unrelated, excluded from tax under sections 512-514)								
(c) Legal domicile (state or foreign country)								
Leg (stat								
(b) Primary activity								
	<u> </u>	<u> </u> 		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
(a) Name, address, and EIN of entity								

	81-0840578	Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.		
PART I, IDENTIFICATION OF DISREGARDED ENTITIES:		
NAME AND ADDRESS OF DISREGARDED ENTITY:		
ALTERNATIVE PROTEIN SOLUTIONS PRIVATE LIMITED		
505, FLOOR 5TH, 123, OM CHAMBERS, AUGUST KRANTI MARG, KEMPS	CORNER	
MUMBAI, INDIA 40003-6		
MOMBAI, INDIA 40003-6		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME OF RELATED ORGANIZATION:		
GOOD FOOD LEGISLATIVE FUND, INC.		
PRIMARY ACTIVITY: WORK WITH LEGISLATORS TO TRANSFORM FOOD SY	STEMS TOWARD)
ALTERNATIVE PROTEINS	_	

232165 09-14-22 Schedule R (Form 990) 2022