

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

<u>A</u>	or th	e 2021 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addr			_	
	Name	ge Doing business as		82-16322	59
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	75 BROAD ST, SUITE 707		212-364-	7040
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	29,373,848.
	Amer	nded NEW YORK NY 10004		H(a) Is this a group re	
F	□Appli			for subordinates	
_	tion pend	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	T		or	7 ' '	
			or 527	∃ ′	list. See instructions
		ite: WWW.RETHINKFOOD.ORG	1	H(c) Group exemptio	
		f organization: X Corporation	L Year	of formation: ZUI/ N	1 State of legal domicile: NY
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: OUR 1			JCE FOOD
S		INSECURITY BY DEVELOPING PRACTICAL MODELS	THAT	DISTRIBUTE	
r	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
တ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	92
itie	6	Total number of volunteers (estimate if necessary)		6	103
Activities & Governance	7 a			7a	0.
ď	l b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, , ,		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		37,886,514.	29,335,443.
ne	9	(5.1,111.11.5)		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,973.	4,663.
Be	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,527.	-5,532.
	11			37,918,014.	29,334,574.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,287,683.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			97,768.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,957,923.	4,489,395.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă×	. b	Total fundraising expenses (Part IX, column (D), line 25) 1,541,06			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,369,712.	22,908,999.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,615,318.	27,496,162.
	19	Revenue less expenses. Subtract line 18 from line 12		21,302,696.	1,838,412.
Net Assets or	g g		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		23,003,336.	24,716,191.
Ass	21	Total liabilities (Part X, line 26)		548,262.	422,705.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		22,455,074.	24,293,486.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
	,				
Sig	n	Signature of officer		Date	
Hei		MATTHEW JOZWIAK, EXECUTIVE DIRECTOR			
110	•	Type or print name and title			
_			Т	Date Check	PTIN
Da!	4	Print/Type preparer's name LAURA KIELCZEWSKI LAURA KIELCZEWSK LAURA KIELCZEWSK		4 40 T 40 O I i	
Pai		·	/T		
	parer	Firm's name COHNREZNICK LLP		Firm's EIN ▶	22-1478099
Use	Only	Firm's address 14 SYLVAN WAY			2 220 2522
		PARSIPPANY, NJ 07054-3801		Phone no. 9 7	3-228-3500
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1 990 (2021) RETHINK FOOD NYC INC	82-1632259	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, an	ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3, 121, 980. including grants of \$) (Reve		- NG
		NATED FOOD ITE	
	FROM GROCERY STORES, CORPORATE PARTNERS AND RESTAURANTS MEALS TO DELIVER TO CBOS AT NO COST. ON AVERAGE THE SIT		
	5,000 MEALS A WEEK.	E PROVIDED OF	V E.K.
	5,000 MEADS A WEEK.		
4b	(Code:) (Expenses \$ $460,682$ including grants of \$) (Reverse \$)		700 .)
	RETHINK CAFE - OPENED IN MARCH 2020, OUR DONATION-BASED		
	EVERYONE AND ANYONE TO ENJOY A NUTRITIOUS MEALS FOR A SUDONATION OF \$5. MEALS ARE PREPARED BY CHEFS, UTILIZING		
	DONATION OF \$5. MEALS ARE PREPARED BY CHEFS, UTILIZING ADDITIONALLY, THE SITE OPERATES A FOOD PANTRY FEATURING		•
	FOOD ITEMS TO MAKE HOME-COOKED MEALS.	SHELF-SIABLE	
	1000 IIIMD 10 MMKB HOME COOKED MEMBES.		
4c	(Code:) (Expenses \$20 , 220 , 856 • including grants of \$97 , 768 •) (Reve)
	RETHINK CERTIFIED - RETHINK CERTIFIED IS A PARTNERSHIP I		I'WO
	PURPOSES: FEED COMMUNITIES AND KEEP RESTAURANTS IN BUSI	INESS.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 23,803,518.		00 (55 - 11
		Form 9 5	90 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
•	Schedule D, Part III	8		
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?			_v
	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			٦,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		 ^
18		10	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		_V
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	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			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	 		
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
	<u> </u>			(2021)

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RETHINK FOOD NYC INC 82-1632259 Page **5** Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

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If "Yes," complete Form 6069.

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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 11	_							
	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)							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5									
6	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								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	DREW KOHL - 212-364-7040								
	75 BROAD ST, SUITE 707, NEW YORK, NY 10004								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ERIN HILL CHIEF DEVELOPMENT OFFICER	50.00			x				233,222.	0.	10,200.
(2) MATTHEW JOZWIAK	50.00			^				233,222.	0.	10,200.
FOUNDER, CHIEF EXECUTIVE O	1.00	Х		Х				231,846.	0.	10,200.
(3) CHRISTOPHER HOLLINGER	50.00							231,010.	•	10,2001
CHIEF FINANCIAL OFFICER	30.00	1		х				181,579.	0.	10,200.
(4) MARK SPRINGHETTI	50.00							202/0750	0.1	20,200
OUTGOING CHIEF OPERATING OFFICER		1		х				153,435.	0.	0.
(5) NATHAN RICKE	50.00									
EXECUTIVE DIRECTOR OF PROGRAMS		1				х		131,425.	0.	10,200.
(6) MATEUSZ LILPOP	50.00									•
EXECUTIVE DIRECTOR OF OPERATIONS						Х		128,810.	0.	10,200.
(7) HANNAH KRAMER	50.00									
EXECUTIVE DIRECTOR OF PEOPLE						Х		113,883.	0.	10,200.
(8) BRIAN CABANBAN	50.00									
SENIOR DIRECTOR OF PARTNERSHIPS						Х		123,468.	0.	0.
(9) KAREN SEO	50.00									
EXECUTIVE DIRECTOR OF INDIVIDUAL GIV						X		102,842.	0.	850.
(10) MEGHAN SAVAGE	50.00									
CHIEF STRATEGY OFFICER				Х				57,885.	0.	0.
(11) WINSTON CHIU	45.00									
OUTGOING BOARD MEMBER, CHIEF STRATE		Х						32,308.	0.	0.
(12) DANIEL HUMM	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(13) JON GRAY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JULIAN BAKER	5.00									_
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(15) LEO KIRBY	2.00	٦,		\ \ \				_	_	
TREASURER	2 00	Х	-	Х	\vdash			0.	0.	0.
(16) MARSHALL SMITH BOARD MEMBER	2.00	~							_	_
(17) MAURICE OBEID	2.00	Х	\vdash					0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
132007 12-09-21	<u> </u>	Λ			<u> </u>		<u> </u>	1 0.	U •	Form 990 (2021)

Form 990 (202	Page 21) RETHINK	FOOD NYC	: I	NC	!					82-1632	259	P	age 8
Part VII S	ection A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	Position (do not check more to box, unless person is officer and a director				n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	npensa rom the ganizat d relate anizatie	e ion ed
(18) SHAUN	DONOVAN	2.00											
BOARD MEMBE	ER		Х						0.	0.			0.
(19) TIM BA	ARAKETT	2.00								_			
BOARD MEMBE		1.00	Х						0.	0.	┞		0.
(20) TRACY		2.00	.,							_			^
BOARD MEMBE		2.00	Х						0.	0.			0.
BOARD MEMBE		2.00	Х						0.	0.			0.
									1,490,703.	0.	6	2,0	
1b Subtota	nl om continuation sheets to Part V								1,490,703.	0.	6	<u>Z, U:</u>	0.
	dd lines 1b and 1c)							▶	1,490,703.	0.	6	2,0	
	mber of individuals (including but							_					5 0 1
	sation from the organization						,						9
	organization list any former officer			•	•	•		•		•	3	Yes	No X
	individual listed on line 1a, is the s												
and rela	ted organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	Х	
,	person listed on line 1a receive or d to the organization? If "Yes." cor	•				,			· ·	Jual for services	5		Х

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.

(A) Name and business address	(B) Description of services	(C) Compensation
609 HAYES CDG LLC	FOOD PREPARATION	Compensation
	F	CEC C00
609 HAYES STREET, SAN FRANCISCO, CA 94102	SERVICES	656,688.
67 STUDIOS LLC	FOOD PREPARATION	
500 GRAND STREET, NEW YORK, NY 10002	SERVICES	558,250.
LA MORADA RESTAURANT	FOOD PREPARATION	
308 WILLIS AVENUE, BRONX, NY 10454	SERVICES	555,000.
OLMSTED LLC	FOOD PREPARATION	
659 VANDERBILT AVENUE, BROOKLYN, NY 11238	SERVICES	444,600.
BIRTH OF THE COOL, INC, 11 MADISON AVE,	FOOD PREPARATION	
GROUND FLOOR, NEW YORK, NY 10010	SERVICES	423,313.
2 Total number of independent contractors (including but not limited to those lists	ed above) who received more than	
\$100,000 of compensation from the organization > 37		
-		000

Form 990 (2021) RETHINK
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			onesia de comunida	1000000		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ω ω	-	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g			Membership dues	1c	716,851.				
fts, Ar			Fundraising events		710,031.				
ig ig			Related organizations	1d	124,000.				
ns, Sim			Government grants (contributions)	1e	124,000.				
utio er (Ť	All other contributions, gifts, grants, and	1 1	20 404 502				
ĕŧ			similar amounts not included above	1f	28,494,592.				
ont od (_	Noncash contributions included in lines 1a-1f	1g \$	1,014,341.	00 225 442			
<u>0 g</u>		h	Total. Add lines 1a-1f			29,335,443.			
					Business Code				
e S	2	а							
e <u>v</u> i		b							
S		С							
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
			other similar amounts)			4,562.			4,562.
	4		Income from investment of tax-exem						
	5		Royalties	-					
			[[(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
									
			` '	Securities	(ii) Other				
	•	а	assets other than inventory 7a	10,143.	()				
		L	Less: cost or other basis	10,110.					
ø		D		10,042.					
her Revenue		_	and sales expenses 7b	101.					
eve			Gain or (loss) 7c			101.			101.
Ä			Net gain or (loss)		>	101.			101.
	8	а	Gross income from fundraising events (r						
Ò			including \$ 716,851.	-					
			contributions reported on line 1c). S		21 000				
		_	Part IV, line 18		21,000.				
			Less: direct expenses		29,232.	0.020			0.020
			Net income or (loss) from fundraising			-8,232.			-8,232.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	s					
			and allowances						
		b	Less: cost of goods sold	10b					
\Box		С	Net income or (loss) from sales of in	ventory	>				
ω					Business Code				
ñ a	11	а	CBO COST SHARING		900099	2,700.	2,700.		
Miscellaneous Revenue		b							
eve		С							
Aisc B		d	All other revenue						
			Total. Add lines 11a-11d		>	2,700.			
	12		Total revenue. See instructions			29,334,574.	2,700.	0.	-3,569.

132009 12-09-21

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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	0.5.50	00.00		
	and domestic governments. See Part IV, line 21	97,768.	97,768.		
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				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	862,990.	407,283.	206,358.	249,349
6	Compensation not included above to disqualified	002/3301	207,12001	200,0001	213 / 313
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,005,036.	1,418,423.	718,467.	868,146
8	Pension plan accruals and contributions (include	, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, -	- ,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	351,427.	165,171.	84,342.	101,914
10	Payroll taxes	269,942.	126,873.	64,786.	78,283
11	Fees for services (nonemployees):				
а	Management				
b	Legal	106,119.		106,119.	
С	Accounting	9,231.		9,231.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)		18,501,479.	691,835.	33,456
12	Advertising and promotion	50,180.		10.00	25,090
13	Office expenses	590,902.	566,787.	10,920.	13,195
14	Information technology				
15	Royalties	400 200	200 502		00 01 0
16	Occupancy	499,328.	328,783.	77,228.	93,317
17	Travel	82,318.	45,603.	36,715.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	997.		997.	
20	Interest	997.		991.	
21	Payments to affiliates	31,016.	31,016.		
22 22	Depreciation, depletion, and amortization	289,620.	157,603.	59,781.	72,236
23 24	Other expenses. Itemize expenses not covered	207,020•	137,003.	33,101.	14,230
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) KITCHEN SUPPLIES AND FO	1,360,425.	1,360,425.		
a b	DUES & SUBSCRIPTIONS	417,904.	388,651.	29,253.	
C	TRUCK RENTAL, MAINTENAN	126,619.	126,619.		
d	MISCELLANEOUS EXPENSES	60,886.	24,139.	30,667.	6,080
	All other expenses	56,684.	31,805.	24,879.	2,230
25	Total functional expenses. Add lines 1 through 24e	27,496,162.	23,803,518.	2,151,578.	1,541,066
<u>26</u>	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)				

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,641,518.	1	7,863,437		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			11,731,529.	4	16,337,148
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe		Г		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	105 650
⋖	9	Prepaid expenses and deferred charges			499,803.	9	427,650
	10a	Land, buildings, and equipment: cost or other		144 150			
		basis. Complete Part VI of Schedule D	10a	144,179.	120 406		05.056
	b	Less: accumulated depreciation		56,223.	130,486.	10c	87,956
	11	Investments - publicly traded securities				11	
	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	22 002 226	15	24 716 101		
_	16	Total assets. Add lines 1 through 15 (must eq			23,003,336.	16	24,716,191
	17	Accounts payable and accrued expenses	399,084.	17	385,429		
	18	Grants payable	25,178.	18	37,276		
	19	Deferred revenue			23,110.	19	31,210
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub controlled entity or family member of any of the				22	
E	23	Secured mortgages and notes payable to unre	-	, ,.		23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p		Г			
	20	parties, and other liabilities not included on line	-				
		of Schedule D		·	124,000.	25	0
	26	Total liabilities. Add lines 17 through 25		Г	548,262.	26	422,705
		Organizations that follow FASB ASC 958, ch					
ses		and complete lines 27, 28, 32, and 33.		,			
auc	27	Net assets without donor restrictions			10,955,074.	27	8,414,051
Bai	28	Net assets with donor restrictions			11,500,000.	28	15,879,435
밀		Organizations that do not follow FASB ASC					
ᆲ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			22,455,074.	32	24,293,486
_	33	Total liabilities and net assets/fund balances			23,003,336.	33	24,716,191

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,83		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,45	5,0	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,29	3,4	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	225	
			Forn	990	(2021)

132012 12-09-21

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization RETHINK FOOD NYC INC 82-1632259 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 X 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	1					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		. ,	, ,			
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th	•				· ·	
	organization, check this box and stop	_		-	•	. , , ,	
Sec	tion C. Computation of Publi						<u>, </u>
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•	***		15	%
	33 1/3% support test - 2021. If the c					ore, check this bo	
	stop here. The organization qualifies						. □
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
_	and if the organization meets the facts						
	meets the facts-and-circumstances te				="		▶□
h	10% -facts-and-circumstances test	· ·	•			17a. and line 15 is	10% or
	more, and if the organization meets th	_					/ 0 - 0.
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
	ato roundation. Il tile organizatio	i ala not oncon a	20/ OIT III IO 10, 10	a, 100, 11a, 01 171	o, or look it its box a		

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	78,119.	1486455.	876,926.	37886514.	29327211.	69655225.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	78,119.	1486455.	876,926.	37886514.	<u> 29327211.</u>	69655225.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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					6292670.	
c	Add lines 7a and 7b					6292670.	6292670.
	Public support. (Subtract line 7c from line 6.)						63362555.
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	78,119.	1486455.	876,926.	37886514.	29327211.	69655225.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			673.	10,973.	4,562.	16,208.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			673.	10,973.	4,562.	16,208.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				20,527.		
	Total support. (Add lines 9, 10c, 11, and 12.)	78,119.	1486455.		37918014.	•	•
14	First 5 years. If the Form 990 is for th	J			,	(,(,)	, <u>37</u>
804	check this box and stop here ction C. Computation of Publi						> X
	•			-1 (6)		45	
	Public support percentage for 2021 (li	, (,,		(,,		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves		· ·			16	<u>%</u>
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	>
	line 18 is not more than 33 1/3%, chec	ck this box and sto	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	▶□
20	Drivate foundation If the organization	n did not chock a l	ooy on line 14 10a	or 10h chock th	is boy and soo ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. Type ii Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	men 277 m 1, pe m eupper mig ergamanene		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

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

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	on 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		
	on 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions)	, ,	3 3	•

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
	on D - Distributions	· // / · · · · · · · · · · · · · · · ·	Joonana		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
DISCOUNTS
2020 AMOUNT: \$ 20,527.
CBO COST SHARING
2021 AMOUNT: \$ 2,700.
GROSS INCOME FROM FUNDRAISING EVENTS
2021 AMOUNT: \$ 21,000.

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

RETHINK FOOD NYC INC

Employer identification number 82-1632259

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other S	Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	eld in donor advised fo	unds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for ar	ny other purpose conf	erring
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a co	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the orga	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conserva	ition easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	forcing conservation	easements during the year
•			t (t' 470/b\/4\	(D) ()
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	lote to the organization s	s imanciai statements	that describes the
Pa	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art. Historical Tre	asures or Other	Similar Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		onus statement and h	valance about works
Ia	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan	•		rance of public
h	If the organization elected, as permitted under FASB ASC 95			aco shoot works of
b		•		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, o	r research in furtherar	ice of public service,
				•
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	asuras or other similar s		
~	,	•	•	ii, provide
_	the following amounts required to be reported under FASB A	-		> \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

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Par	t III Organizations Maintaining Co	llections of Art	t, Histo	orical Tre	asures, o	r Other S	Similar As	sets (c	ontinued)
3	Using the organization's acquisition, accession									
	collection items (check all that apply):		•	•	· ·	•				
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	how the	ev further th	ne organizatio	n's exemp	t purpose ir	Part XIII.		
5	During the year, did the organization solicit or	•		•	· ·	•				
	to be sold to raise funds rather than to be mai		•		•			Y	es	No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			3			,	,	,	
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for c	contributions	s or other ass	sets not inc	luded			
	on Form 990, Part X?							Y	es	No
b	If "Yes," explain the arrangement in Part XIII a							. —		
	gg							An	nount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo								es	No
	If "Yes," explain the arrangement in Part XIII.					-				╡
Par										
		(a) Current year		rior year	(c) Two yea) Three years	back (e	Four year	rs back
1a	Beginning of year balance	``	,		,,,,	<u> </u>	, ,	`		
	Contributions									
c	Net investment earnings, gains, and losses									
4	Grants or scholarships									
	Other expenditures for facilities									
C										
f	Administrative expenses									
	End of year balance									
g	Provide the estimated percentage of the curre	nt year and balance	lino 10	L column (a)	// bold ac.					
2	Board designated or quasi-endowment	in year end balance	% (IIII) 5	j, coluitii (a)	I) Held as.					
a b	Permanent endowment	%	_70							
	Term endowment									
С	The percentages on lines 2a, 2b, and 2c shou	-								
2-		•	tion that	t ara bald an	ad administa	ad for the	~~~~i=ation			
Sa	Are there endowment funds not in the posses	Sion of the organiza	ilion inai	l are rielu ai	iu auministei	ed for the	Jigariizatioi	ı	Yes	No
	by:							ſ,	Ba(i)	110
	(i) Unrelated organizations								a(ii)	+-
L	(ii) Related organizations	one listed as requir						<u> </u>	3b	+-
4	Describe in Part XIII the intended uses of the o							∟	30	
	t VI Land, Buildings, and Equipme		willelit it	urius.						
	Complete if the organization answered		Part IV	line 11a S	See Form 990	Part X lin	e 10			
	Description of property	(a) Cost or o			or other		umulated	(4)	Book val	
	Description of property	basis (investr		. ,	or other (other)		umulated eciation	(a)	BOOK Vai	iue
	Land	 	10110	Dasis	(501101)	асрі	JOIGHOIT	+		
	Land									
	Buildings				7,719.		7,719	+		<u> </u>
	Leasehold improvements			1 2	$\frac{7,719.}{6,460.}$,	18,504		87,9	956
	Equipment	l l		<u> </u>	0, =00.	•	10,504	•	01,3	,,,,,,
	Other			(D)	٥ ،		•	+	87,9	356
rota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990. Part 🤇	x. colum	nn (B). line 1	UC.)				0/,3	,,,,,,

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021		NYC INC		82-1632259 Pag
Part VII Investment				-
			11b. See Form 990, Part X, line 12.	
	Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	ests			
3) Other				
(A)				
(B)		1		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	n 990, Part X, col. (B) line 12.)			
	s - Program Related.			
		on Form 990. Part IV. line	11c. See Form 990, Part X, line 13.	
	on of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)		()	(0)	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Forn	n 990, Part X, col. (B) line 13.)			
Part IX Other Asse	ts.			
Complete if the	organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. <i>(Column (b) must equi</i> Part X Other Liabi	<u>al Form 990, Part X, col. (B) line</u> lities.	15.)		<u> </u>
Complete if the	organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(1	a) Description of liability			(b) Book value
(1) Federal income taxe	es .			
(2)				
(3)				
(4)				
(4) (5)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2021 RETHINK FOOD NYC INC			82-	1632259	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	29,562,	<u>,574.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	228,000.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	29,334,	<u>,574.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	29,334,	,574.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	27,724,	,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	228,000.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	1 1				
е	Add lines 2a through 2d			2e	228,	,000.
3	Subtract line 2e from line 1			3	27,496,	,162.
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.)					
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	27,496,	,162.
Pa	t XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line 4	; Part	X, line 2; Part X	Ί,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi					
PAI	RT X, LINE 2:					
RE'	THINK FOOD HAS NO UNRECOGNIZED TAX BENEFITS	S AS OF	DECEMBER	<u>31,</u>	2021.	
RE'	THINK FOOD'S FEDERAL AND STATE INCOME TAX R	RETURNS	S PRIOR TO	FIS	CAL YEAF	₹
<u>201</u>	18 ARE CLOSED AND MANAGEMENT CONTINUALLY EV	ALUATI	ES EXPIRING	ST	ATUTES C)F
LI	ITATIONS, AUDITS, PROPOSED SETTLEMENTS, CH	IANGES	IN TAX LAW	AN	D NEW	
AU'	THORITATIVE RULINGS. IF APPLICABLE, RETHIN	IK FOOI	WILL RECO	GNI	ZE	
			3.0.000		_	
TM.	TEREST AND PENALTIES ASSOCIATED WITH TAX MA	TTERS	AS GENERAL	AN	ע	

Schedule D (Form 990) 2021

ADMINISTRATIVE EXPENSES AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH

THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION. THERE

WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED DECEMBER 31, 2021.

Schedule D	(Form 990) 2021	RETHINK	FOOD	NYC	INC	82-1632259	Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation (contin	nued)				
		(oontin	<u></u>				
-							
-							
-							
	<u> </u>		<u></u>				
_							
-							

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ 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

Name of the organization

Inspection Employer identification number

RETHINK	FOOD NYC INC				82-1632	259				
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
Total 3 List all states in which the organization	n is registered or licensed to solicit o		ıtions	or has been notified	it is exempt from re	gistration				
or licensing.				or has been notified	TE IS EXCHIPT HOM TO					

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

Schedule G (Form 990) 2021

132082 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	·EZ, lines 1 and 6b. List e	<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EMP		NONE	(add col. (a) through
			FUNDRAISING			col. (c))
Φ			(event type)	(event type)	(total number)	(-#
Revenue			727 051			727 051
Rev	1	Gross receipts	737,851.			737,851.
			716 051			716 051
	2	Less: Contributions	716,851.			716,851.
	,	Grass income (line 1 minus line 2)	21,000.			21,000.
	3	Gross income (line 1 minus line 2)	21,000.			21,000.
	4	Cash prizes				
	•	C.1.0.1. p. 1200				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	5,162.			5,162.
ä						
	8	Entertainment	0.4.000			04.050
	9	Other direct expenses				24,070.
	10	Direct expense summary. Add lines 4 through			_	29,232.
Ds	11 irt l					-8,232.
		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, Or i	eported more than	
		ψ10,500 0111 01111 000 L2, iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
H H						
) jre	4	Rent/facility costs				
_	_	Others diseast assesses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	No	No No	
	٥	Volunteer labor	INO	NO	I NO	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
	-					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
40		and the second section is	and a land and a second and a second	maniferational algorithms with a 2		
		ere any of the organization's gaming licenses re			/ear?	Yes No
C	111 "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 RETHINK FOOD NYC INC	82-16	32259	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		1	ا ءمه	0.4
	a The organization's facility		13a	<u>%</u>
	a An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	; :		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt		
	of gaming revenue retained by the third party \$\bigs\\$			
,	c If "Yes," enter name and address of the third party:			
•	5 in Tes, enter hame and address of the time party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
8	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	L No
k	o Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part I	II. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	, , ,
_	. 55, 15, 17, and 175, as applicable 17100 promos any additional mornidation. 500 method of 101			

Schedule G	G (Form 990)	RETHINK	FOOD	NYC	INC	82-1632259	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (contin	nued)				
		COITE	iucu)				
-							
							•
r-							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization RETHINK F	OOD NYC I	NC					Employer identification number 82-1632259
Part I General Information on Grants a							<u> </u>
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SALEM UNITED METHODIST CHURCH 211 WEST 129TH STREET NEW YORK, NY 10027	13-2665561	501(C)(3)	27,500.	0.			GRANT FOR DONATION OF
COLLECTIVE FOOD WORKS INC. 63 FLUSHING AVE BROOKLYN BROOKLYN, NY 11205	85-3979881		6,169.	45,542.	FMV	TRANSFER OF CAFE EQUIPMENT AND LEASEHOLD IMPROVEMENT	GRANT FOR DONATION OF CAF EQUIPMENT AND RENT/UTILITIES ASSISTANCE
SKYLINE CHARITABLE FOUNDATION INC 49-28 31ST PLACE LONG ISLAND CITY, NY 11101	46-2141917	501(C)(3)	7,440.	0.			GRANT TO SUPPORT PROGRAM MEAL & DELIVERY PARTNER
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	•	•	e line 1 table		<u> </u>		

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

132102 10-26-21 Schedule I (Form 990) 2021

SCHEDULE J (Form 990)

Department of the Treasury

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.

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

RETHINK FOOD NYC INC

Employer identification number 82-1632259

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

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

Schedule J (Form 990) 2021

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.

(1) ERIN HILL (1) 222,972. 10,250. 0. 0. 10,200. 243,422. CHIEF DEVELOPMENT OFFICER (10) 0. 0. 0. 0. 0. 10,200. 242,046. POUNDER, CHIEF EXECUTIVE 0 (10) 0. 0. 0. 0. 0. 0. 0. 0. 0. (3) CHRISTOPHER ROLLINGER (10) 171,329. 10,250. 0. 0. 0. 10,200. 191,779. (4) MARK SPRINGHETTI (10) 153,435. 0. 0. 0. 0. 0. 0. 0. 0. (10) 153,435. 0. 0. 0. 0. 0. 0. 153,435. OUTGOING CHIEF OPERATING OFFICER (10) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
CHIEF DEVELOPMENT OFFICER (I) 0. 0. 0. 0. 0. 10,200. 242,046. FOUNDER, CHIEF EXECUTIVE 0 (II) 0. 0. 0. 0. 0. 10,200. 191,779. (3) CRRISTOPHER HOLLINGER (II) 0. 0. 0. 0. 0. 10,200. 191,779. (4) MARK SPRINGHETTI (I) 153,435. 0. 0. 0. 0. 0. 153,435. OUTGOING CHIEF OPERATING OFFICER (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title			incentive	reportable	compensation			reported as deferred on prior Form 990
CHIEF DEVELOPMENT OFFICER (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(1) ERIN HILL	(i)	222,972.	10,250.	0.	0.	10,200.	243,422.	0.
DOUDBER, CHIEF EXECUTIVE 0	CHIEF DEVELOPMENT OFFICER			0.					0.
FOUNDER, CHIEF ERECUTIVE 0 (ii) 0. 0. 0. 0. 0. 10,200. 191,779. CHIEF FINANCIAL OFFICER (iii) 0. 0. 0. 0. 0. 0. 0. 0. 0. (4) MARK SPRINGHETTI (i) 153,435. 0. 0. 0. 0. 0. 0. 153,435. OUTGOING CHIEF OPERATING OFFICER (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (iii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) MATTHEW JOZWIAK	(i)	211,596.	20,250.			10,200.	242,046.	0.
CHEF FINANCIAL OFFICER (II) 0, 0, 0, 0, 0, 0, 0, 0, 153,435. OUTGOING CHIEF OPERATING OFFICER (II) 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	FOUNDER, CHIEF EXECUTIVE O								0.
(4) MARK SPRINGHETTI (1) 153,435. 0. 0. 0. 0. 0. 153,435. 0. 0. 0. 0. 0. 0. 153,435. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3) CHRISTOPHER HOLLINGER	(i)		10,250.				191,779.	0.
OUTGOING CHIEF OPERATING OFFICER (i) (ii) (ii) (ii) (ii) (ii) (iii) (ii	CHIEF FINANCIAL OFFICER	(ii)							0.
	(4) MARK SPRINGHETTI	(i)							0.
	OUTGOING CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
		(i)							
		(ii)							
(i) (ii) (ii) (iii) (iii									
(i) (ii) (ii) (iii) (i) (iii) (i) (iii) (i) (iii) (ii) (iii) (ii) (iii) (iii) (iii) (ii) (iii) (iii) (iii)									
(i) (ii) (iii) (ii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiiii									
(i) (i) (ii) (iii)									
(i) (ii)									
		_							
		(i)							
(ii)									

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

Employer identification number

	R	ETHIN	K F	OOD NYC	INC					82	-16	322	59		
Part I	Excess Bene	fit Trans	actio	ons (section 50	01(c)(3	3), secti	on 501(c)(4), and se	ctio	n 501(c)(29) orga	nizatio	ns on	ly).			
							ırt IV, line 25a or 25k								
1 , , ,			(b) R	Relationship bety	ween d	disqual	ified ,	` `					(d)	Corre	cted?
(a) N	lame of disqualified p	erson		person and or	rganiza	ation	(1	c) D	escription of tran	sactio	n		Y	es	No
2 Ente	er the amount of tax i	ncurred by	the or	rganization man	agers	or disq	ualified persons dur	ring t	the year under						
sect	tion 4958										> \$				
3 Ente	er the amount of tax,										> \$				
Part II	Loans to and	l/or Fron	n Inte	erested Pers	sons.	•									
	Complete if the o	organization	answ	vered "Yes" on I	Form 9	990-EZ,	Part V, line 38a or I	Form	n 990, Part IV, line	e 26; c	or if th	e orga	nizatic	n	
	reported an amo	unt on Forr	n 990,	, Part X, line 5, 6											
	(a) Name of	(b) Relatio		(c) Purpose		oan to or	(e) Original	(1	f) Balance due	(g)	In	(h) App	proved ard or	(i) W	ritten
int	erested person	with organi	zation	of loan		ization?	principal amount			defa	ult?	comm		agree	ment?
					То	From				Yes	No	Yes	No	Yes	No
															<u> </u>
Γotal							> \$								
Part II	I Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.								
	Complete if the o	organization	answ	vered "Yes" on I	Form 9	990, Pa	rt IV, line 27.								
(a)	Name of interested p	person	((b) Relationship			(c) Amount of		(d) Type) Purp		F
				interested pers		d	assistance		assistan	ce		á	assista	ance	
				the organiza	ation										
			\perp												
			\perp												

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 RETHINK FOOD NYC INC

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's
	porcon and the organization	a an oachen	in an ioastron	Yes	nues? No
DANIEL HUMM	CO-FOUNDER AND MEMB	415,237.	PAYMENTS MA		X
NATHAN RICKE	EXECUTIVE DIRECTOR	110,500.	PAYMENTS MA		Х
Dort V O					<u> </u>
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see in	netructions)			
Provide additional information for resp	orises to questions on scriedule E (see ii	istructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:		
(-)					
(A) NAME OF PERSON: DANIEL	, HUMM				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ION•		
(B) RELATIONSHIT BETWEEN I	MILKEDILD I EKDON AND	OROMITZMI	1011.		
CO-FOUNDER AND MEMBER OF E	SOARD OF DIRECTORS				
,-,,					
(D) DESCRIPTION OF TRANSAC	TION: PAYMENTS MADE	TO RESTAURA	ANT OWNED BY		
DANIEL (ELEVEN MADISON PAR	אר) אכ סאפת הה פתר ספ	OGR AM			
DANIEL (ELLVEN PADISON IAI	in, Ab IARI of Ric IR	OGRAM			
(A) NAME OF BEDGON MARKA	, DTCVI				
(A) NAME OF PERSON: NATHAN	I RICKE				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ION:		
EXECUTIVE DIRECTOR OF PROG	RAMS				
(D) DESCRIPTION OF TRANSAC	TONO DAVMENTO MADE	ת∩ ס⊑פתאווסז	NTT OWNED BY		
(D) DESCRIPTION OF TRANSAC	TION: FAIMENIS MADE	TO RESTAURA	ANT OWNED BI		
NATHAN (ESME) AS PART OF R	TC PROGRAM				

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.

RETHINK FOOD NYC INC

Employer identification number 82-1632259

Pa	rt I Types of Property	. 1110 1				<u> </u>	Ų Z	1034		
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash co amounts re Form 990, Par	ntribution ported on	non	(c Method of c cash contrib	letermir	•	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	X	1		L0,452.	FMV				
0	Securities - Closely held stock									
1	Securities - Partnership, LLC, or									
	trust interests									
2	Securities - Miscellaneous									
3	Qualified conservation contribution -									
	Historic structures									
4	Qualified conservation contribution - Other									
5	Real estate - Residential									
6	Real estate - Commercial									
7	Real estate - Other									
8	Collectibles									_
9	Food inventory		39	9(58,772.	FMV				_
0	Drugs and medical supplies				,					_
1	Taxidermy									_
2	Historical artifacts									_
- 3	Scientific specimens									_
.4	Archeological artifacts									_
. - :5	Other (KITCHEN EQUIP)	Х	2		35,117.	FMV				_
6	Other ()		_		<i>33 11 1</i>	1 11 1				_
7										_
8	Other () Other ()									_
9	Number of Forms 8283 received by the organi	ization during	the tox year for a	l ontributions						_
.9	for which the organization completed Form 82	•			29				2	
	for which the organization completed Form 62	200, Fait V, L	onee Acknowledg	ement	[29]				Yes	l N
۸-	During the year did the evacuitation receive h	contribution	n any nyanasty van	artad in Dart I	linaa 1 thear	sh 00 +ba	.4 :4		res	_
ua	During the year, did the organization receive b	-					IL IL			
	must hold for at least three years from the dat	•						00-		2
	exempt purposes for the entire holding period	?						30a		_
	If "Yes," describe the arrangement in Part II.	naliathat	au iroo the medical	of any nameters	dand aciatuili	tions?		6.1	v	
1	Does the organization have a gift acceptance					tions'?		31	Х	\vdash
2a	Does the organization hire or use third parties contributions?							32a		2
b	If "Yes," describe in Part II.									
3	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which colu	mn (a) is che	cked,				
	describe in Part II.	• •				•				
НА		the Instruc	tions for Form 990)			Schedule	M (For	n 990)	20

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

RETHINK FOOD NYC INC

Employer identification number 82-1632259

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NUTRITIONALLY DENSE, CULTURALLY SENSITIVE MEALS TO NOURISH HEALTHY AND THRIVING COMMUNITIES. FORM 990, PART III, LINE 1 OUR MISSION IS TO REDUCE FOOD INSECURITY BY DEVELOPING PRACTICAL MODELS THAT DISTRIBUTE NUTRITIONALLY DENSE, CULTURALLY SENSITIVE MEALS TO NOURISH HEALTHY AND THRIVING COMMUNITIES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 HAS BEEN REVIEWED BY THE FINANCE COMMITTEE PRIOR TO THE THE FINAL FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT THE SCHEDULED NEXT BOARD MEETING WHERE IT IS REVIEWED BY ALL THE BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ESTABLISHED A COMPENSATION COMMITTEE COMPOSED OF THREE INDEPENDENT MEMBERS. THE COMMITTEE USED INFORMATION FROM SALARY.COM DATABASE AND SCION NONPROFIT SALARY GUIDE TO BENCHMARK AGAINST COMPARABLE SIZED ORGANIZATIONS IN DETERMINING CEO AND TOP MANAGEMENT COMPENSATION.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization		Employer identification number
RETHINK FOOD NYC INC		82-1632259
FORM 990, PART VI, SECTION C, LINE 19:		
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENT	rs Ari	E AVAILABLE TO
THE PUBLIC UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING:		
PROGRAM SERVICE EXPENSES		47,308.
MANAGEMENT AND GENERAL EXPENSES		296,268.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		343,576.
RETHINK CERTIFIED MEALS:		
PROGRAM SERVICE EXPENSES		18,416,058.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		18,416,058.
PAYROLL PROCESSING FEE:		
PROGRAM SERVICE EXPENSES		24,239.
MANAGEMENT AND GENERAL EXPENSES		12,378.
FUNDRAISING EXPENSES		14,956.
TOTAL EXPENSES		51,573.
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		95,525.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		95,525.
132212 11-11-21 77		Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization RETHINK FOOD NYC INC	Employer identification number 82-1632259
BRANDING AND MARKETING:	
PROGRAM SERVICE EXPENSES	13,874.
MANAGEMENT AND GENERAL EXPENSES	77,555.
FUNDRAISING EXPENSES	18,500.
TOTAL EXPENSES	109,929.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	210,109.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	210,109.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,226,770.
990 PART XII, LINE 2C	
THE ORGANIZATION'S AUDIT COMMITTEE DID NOT CHANGE ITS OVER	RSIGHT PROCESS
OR ITS SELECTION PROCESS FOR 2021.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-1632259

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct of	(f) controlling ntity	9
	-						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
RETHINK FOOD USA INC - 85-2420028						res	NO
75 BROAD STREET SUITE 707 NEW YORK, NY 10004	FOOD REDISTRIBUTION TO CBOS	DELAWARE	501(C)(3)	LINE 7	RETHINK FOOD NYC INC	Х	
	_						

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

RETHINK FOOD NYC INC

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

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

	, ,	,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate allocations?		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	ing Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)						
c Gift, grant, or capital contribution from related organization(s)				. 1c		X
d Loans or loan guarantees to or for related organization(s)						
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)						X
,						
k Lease of facilities, equipment, or other assets from related organization(s)				. 1k		Х
I Performance of services or membership or fundraising solicitations for related orga	ınization(s)			. 11		X
m Performance of services or membership or fundraising solicitations by related orga	nization(s)			. 1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			. 1n	X	
Sharing of paid employees with related organization(s)				. <u>1</u> 0	X	
p Reimbursement paid to related organization(s) for expenses						X
q Reimbursement paid by related organization(s) for expenses				. 1q	X	
r Other transfer of cash or property to related organization(s)				. 1r		X
s Other transfer of cash or property from related organization(s)				. 1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
(1) RETHINK FOOD USA INC	Q	71,399.	COST			
(2)						
(3)						
(4)						
(5)						
(6)			Outradia	L. D./F	000	0004
132163 11-17-21	0.1		Schedu	le R (For	п 990)	2021

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Percentage ing ownership
	-									
	_							Ochodolo		