

Cumulative e-File History 2021	
Federal	
Locator:	0487TI
Account:	F173
Taxpayer Name:	THE CERES COMMUNITY PROJECT
Return Type:	990, 990
Submitted Date:	05/14/2022 11:04:12
Acknowledgement Date:	05/14/2022 11:29:22
Status:	Accepted
Submission ID:	95676720221345000002

Cumulative e-File History 2021	
California	
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Account:	F173
Taxpayer Name:	THE CERES COMMUNITY PROJECT
Return Type:	990, 990
Submitted Date:	05/14/2022 11:04:12
Acknowledgement Date:	05/14/2022 12:10:38
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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

THE CERES COMMUNITY PROJECT

26-2250997

Name and title of officer or person subject to tax

CATHRYN COUCH, CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,903,923.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MILLER KAPLAN ARASE LLP to enter my PIN 43441 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Cathryn Couch Date 5/11/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95676736255

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 04/27/2022

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

027

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2021** **California e-file Return Authorization for Exempt Organizations** FORM **8453-EO**

Exempt Organization name **THE CERES COMMUNITY PROJECT** Identifying number **26-2250997**

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	4,945,834.
2 Total gross income (Form 199, line 8)	2	4,903,923.
3 Total expenses and disbursements (Form 199, line 9)	3	3,663,983.

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____



Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____ 7 Type of account: Checking Savings
 6 Account number _____

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**


DocuSigned by:  5/11/2022  CEO
 Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign ERO's signature  Date **04/27/2022** Check if also paid preparer Check if self-employed ERO's PTIN _____
 Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____ ZIP code _____

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature  Date **04/27/2022** Check if self-employed Paid preparer's PTIN **P02011441**
 Firm's name (or yours if self-employed) and address **MILLER KAPLAN ARASE LLP** Firm's FEIN **95-2036255** ZIP code **94111-3346**
275 BATTERY ST STE 1800
SAN FRANCISCO CA

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

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

C Name of organization
THE CERES COMMUNITY PROJECT

D Employer identification number
26-2250997

E Telephone number
(707) 829-5833

G Gross receipts \$ 5,004,621.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: WWW.CERESPROJECT.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2008 **M State of legal domicile:** CA

F Name and address of principal officer: CATHRYN COUCH
PO BOX 1562, SEBASTOPOL, CA 95473

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE CREATE HEALTH FOR PEOPLE, COMMUNITIES, AND THE PLANET THROUGH LOVE, HEALING FOOD, AND EMPOWERING THE NEXT GENERATION.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	81
	6 Total number of volunteers (estimate if necessary)	6	887
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,487,935.	4,254,331.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	723,707.	635,297.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	465.	1,104.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,000.	13,191.
		5,218,107.	4,903,923.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,308,383.	2,401,166.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 351,590.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,478,882.	1,262,817.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,787,265.	3,663,983.	
19 Revenue less expenses. Subtract line 18 from line 12	1,430,842.	1,239,940.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,112,294.	4,317,685.
	22 Net assets or fund balances. Subtract line 21 from line 20	546,052.	511,503.
	2,566,242.	3,806,182.	

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____
 CATHRYN COUCH CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JESSE WARD Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P02011441

Firm's name ▶ MILLER KAPLAN ARASE LLP Firm's EIN ▶ 95-2036255
 Firm's address ▶ 275 BATTERY ST STE 1800, SAN FRANCISCO, CA 94111-3346 Phone no. 415-956-3600

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

WE CREATE HEALTH FOR PEOPLE, COMMUNITIES, AND THE PLANET THROUGH
LOVE, HEALING FOOD, AND EMPOWERING THE NEXT GENERATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,400,594. including grants of \$) (Revenue \$ 388,004.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 441,666. including grants of \$) (Revenue \$ 192,112.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 23,799. including grants of \$) (Revenue \$ 55,181.)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 2,866,059.

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)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III.</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV.</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX.</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X.</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		<input checked="" type="checkbox"/>

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 81		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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 any contributions that were not tax deductible as charitable contributions?		X
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

CATHRYN COUCH, 7351 BODEGA AVE, SEBASTOPOL, CA 95472
707-829-5833

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHRYN COUCH CEO	55.00 NONE			X				129,370.	NONE	NONE
(2) JIM SCHIEBERL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(3) MIA F. DEKOZAN TEEN MEMBER - END 5/2021	1.00 NONE	X						NONE	NONE	NONE
(4) JAMIE EMERSON-HEERY TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(5) CARLOS LUA - END 5/2021 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(6) JOHANNA LUCAS CO-CHAIR	2.00 NONE	X						NONE	NONE	NONE
(7) MICAH REYES TEEN MEMBER	1.00 NONE	X						NONE	NONE	NONE
(8) MARILYN NAGEL - END 2/2021 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(9) JOE ROGOFF CO-CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(10) CHRIS BOEHLKE - BEG 10/2021 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) KATHY HOUSMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) DENISE LAWS, RN DNP DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) LISA WARD - BEG 12/2020 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) AURORA SELPIDES - BEG 12/2020 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBIN WEINTRAUB - BEG 2/2021 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(16) SANDY VALADIZ - BEG 4/2021 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(17) JOHN FITZPATRICK-BEG 6/2021 DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) SARAH JANE TRUONG -BEG 6/2021 SECRETARY	1.00 NONE	X						NONE	NONE	NONE
(19) PAIGE BARTA - BEG 10/2021 TEEN MEMBER	1.00 NONE	X						NONE	NONE	NONE
(20) JIM ROTTMAN - END 8/2021 CHAIRMAN	1.00 NONE	X		X				NONE	NONE	NONE
(21) AIMEE REEDY - END 7/2021 SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total								129,370.	NONE	NONE
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								129,370.	NONE	NONE

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c	216,857.						
	d	Related organizations	1d							
	e	Government grants (contributions) . .	1e	569,261.						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,468,213.						
	g	Noncash contributions included in lines 1a-1f	1g	\$ 329,757.						
	h	Total. Add lines 1a-1f ▶			4,254,331.					
	Program Service Revenue	2a	KAISER CONTRACT REVENUES	Business Code	624210	388,004.	388,004.			
b		NUTRITIONAL SECURITY PRODUCTS	624210	151,039.	151,039.					
c		AFFILIATE TRAINING FEES	611430	55,181.	55,181.					
d		COMMUNITY OUTREACH	611600	41,073.	41,073.					
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f ▶			635,297.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			1,104.		1,104.			
	4	Income from investment of tax-exempt bond proceeds . ▶			NONE					
	5	Royalties ▶			NONE					
	6a	Gross rents	6a	(i) Real	(ii) Personal					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c	NONE	NONE					
	d	Net rental income or (loss) ▶				NONE				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
	b	Less: cost or other basis and sales expenses . .	7b							
c	Gain or (loss)	7c								
d	Net gain or (loss) ▶				NONE					
8a	Gross income from fundraising events (not including \$ 216,857. of contributions reported on line 1c). See Part IV, line 18	8a		58,787.						
			b	Less: direct expenses	8b	58,787.				
			c	Net income or (loss) from fundraising events ▶						
			9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE			
						b	Less: direct expenses	9b	NONE	
						c	Net income or (loss) from gaming activities ▶			NONE
			10a	Gross sales of inventory, less returns and allowances	10a		55,102.			
						b	Less: cost of goods sold	10b	41,911.	
						c	Net income or (loss) from sales of inventory ▶		13,191.	13,191.
			Miscellaneous Revenue	11a		Business Code				
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d ▶					NONE				
12	Total revenue. See instructions ▶			4,903,923.	648,488.	1,104.				

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	129,370.	51,748.	38,811.	38,811.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,929,009.	1,464,240.	235,368.	229,401.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	164,705.	129,386.	25,671.	9,648.
10 Payroll taxes	178,082.	136,201.	20,419.	21,462.
11 Fees for services (nonemployees):				
a Management	29,807.	9,308.	11,275.	9,224.
b Legal	1,275.		1,275.	
c Accounting	15,000.		15,000.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	35,982.	34,089.	1,316.	577.
13 Office expenses	6,104.	3,583.	2,376.	145.
14 Information technology	140,465.	78,175.	41,161.	21,129.
15 Royalties	NONE			
16 Occupancy	158,850.	151,169.	621.	7,060.
17 Travel	7,801.	6,366.	1,435.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	17,456.	14,373.	3,083.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	102,288.	96,969.	2,775.	2,544.
23 Insurance	22,125.	NONE	22,125.	NONE
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD	458,484.	458,484.	NONE	NONE
b KITCHEN & PACKAGING SUPPLIES	154,548.	154,517.	31.	NONE
c OUTSIDE SERVICES	31,077.	26,784.	2,347.	1,946.
d BANK AND CC PROCESSING FEES	26,120.	3,216.	15,233.	7,671.
e All other expenses	55,435.	47,451.	6,012.	1,972.
25 Total functional expenses. Add lines 1 through 24e	3,663,983.	2,866,059.	446,334.	351,590.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,674,476.	1	2,818,930.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	115,793.	4	238,245.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	58,660.	8	106,592.
	9 Prepaid expenses and deferred charges	37,174.	9	37,285.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,725,219.		
	b Less: accumulated depreciation	10b 609,132.		
		1,096,628.	10c	1,116,087.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	122,470.	14	NONE
15 Other assets. See Part IV, line 11	7,093.	15	546.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,112,294.	16	4,317,685.	
Liabilities	17 Accounts payable and accrued expenses	184,467.	17	180,659.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	10,000.	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	351,585.	23	330,844.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25	546,052.	26	511,503.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,424,089.	27	3,611,362.
	28 Net assets with donor restrictions	142,153.	28	194,820.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,566,242.	32	3,806,182.
33 Total liabilities and net assets/fund balances	3,112,294.	33	4,317,685.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,903,923.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,663,983.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,239,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,566,242.
5	Net unrealized gains (losses) on investments	5	NONE
6	Donated services and use of facilities	6	NONE
7	Investment expenses	7	NONE
8	Prior period adjustments	8	NONE
9	Other changes in net assets or fund balances (explain on Schedule O)	9	NONE
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,806,182.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE CERES COMMUNITY PROJECT

Employer identification number

26-2250997

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

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

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

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

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,790,895.	2,022,127.	2,321,418.	4,487,935.	4,254,331.	14,876,706.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	1,790,895.	2,022,127.	2,321,418.	4,487,935.	4,254,331.	14,876,706.
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).						NONE
6 Public support. Subtract line 5 from line 4						14,876,706.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,790,895.	2,022,127.	2,321,418.	4,487,935.	4,254,331.	14,876,706.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				6,465.	1,104.	7,569.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	104,325.	69,604.	98,802.	NONE	NONE	272,731.
11 Total support. Add lines 7 through 10						15,157,006.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.15 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.73 %

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

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

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

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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

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

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

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
SPECIAL EVENT INCOME	91,966.	69,604.	98,802.	NONE	NONE	260,372.
OTHER INCOME	12,359.	NONE	NONE	NONE	NONE	12,359.
TOTALS	104,325.	69,604.	98,802.	NONE	NONE	272,731.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE CERES COMMUNITY PROJECT

26-2250997

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <p style="text-align: center;">THE CERES COMMUNITY PROJECT</p>	Employer identification number <p style="text-align: center;">26-2250997</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 741,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 505,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 106,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 167,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 125,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE CERES COMMUNITY PROJECT</p>	Employer identification number <p style="text-align: center;">26-2250997</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALL OTHERS LESS THAN REPORTABLE THRESHLD <hr/> <hr/>	\$ 2,443,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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 	 <hr/> <hr/>	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 	 <hr/> <hr/>	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE CERES COMMUNITY PROJECT

Employer identification number

26-2250997

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	AIRPLANE HANGER	\$ 125,000.	12/02/2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE CERES COMMUNITY PROJECT

26-2250997

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		265,400.		265,400.
b Buildings		759,384.	202,829.	556,555.
c Leasehold improvements				
d Equipment		474,265.	292,130.	182,135.
e Other		226,170.	114,173.	111,997.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,116,087.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9) and Total.

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.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 4,903,923.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,663,983.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

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▶ Attach to Form 990 or Form 990-EZ.

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THE CERES COMMUNITY PROJECT

26-2250997

Part I 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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HARVEST HEART (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	275,644.	NONE	275,644.
	2	Less: Contributions	216,857.	NONE	216,857.
	3	Gross income (line 1 minus line 2)	58,787.	NONE	58,787.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	58,787.	NONE	58,787.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	242	75,303.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		191.	254,454.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AIRPLANE HANGER	X	1	125,000.	EST FMV
TRUCK	X	1	10,000.	EST FMV
GARDEN SUPPLIES	X	5	3,274.	COST
KITCHEN SUPPLIE	X	23	57,652.	COST
AUCTION ITEMS	X	161	58,528.	COST
TOTALS		191.	254,454.	

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

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PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE COVID-19 PANDEMIC CONTINUED TO DOMINATE CERES' WORK IN 2021. WHILE OUR LATE 2020 PROJECTIONS ASSUMED WE WOULD SEE A DECREASE IN DEMAND DURING 2021 AS THE PANDEMIC EASED, THAT DID NOT OCCUR. WE DELIVERED NEARLY THE SAME LEVEL OF MEALS IN 2021 AS WE HAD IN 2020 AND SERVED AN EVEN LARGER NUMBER OF CLIENTS. WE ENDED 2021 AMID CONCERNS ABOUT THE OMICRON VARIANT AND SAW MEAL DEMAND SURGE AGAIN IN EARLY 2022.

DESPITE THESE CHALLENGES, ALONG WITH NEARLY RECORD LEVELS OF SERVICES TO CLIENTS, WE CONTINUED TO INVEST IN OUR YOUTH DEVELOPMENT PROGRAM, SUPPORT AFFILIATES, INNOVATE AND PIVOT OUR NUTRITION EDUCATION PROGRAMMING, AND ADVANCE OUR POLICY WORK. WHAT FOLLOWS IS A HIGH-LEVEL SUMMARY OF OUR 2021 ACCOMPLISHMENTS.

2021 SUMMARY METRICS

THE FOLLOWING CHART, WHICH IS NEW THIS YEAR, SUMMARIZES OUR "REACH" STARTING WITH DIRECT PROGRAM IMPACT FOLLOWED BY OUR AFFILIATES, DIGITAL AND PR.

OVERALL REACH

	2020	2021	2020-2021	CHANGE
DIRECT	2,962	3,697	3,996	8.1%
CLIENTS & FAMILY MEMBERS (MEALS)	1,023	2,211	2,253	1.9%
YOUTH VOLUNTEERS	450	324	325	0.3%
ADULT VOLUNTEERS	475	616	562	-8.8%

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NUTRITION EDUCATION CLASS

PARTICIPANTS	1,014	546	856	56.8%
AFFILIATES - DIRECT	3,218	3,876	5,235	35.1%
DIGITAL (EMAIL & SOCIAL)	17,000	17,000	17,000	0.0%
PRESS (MILLIONS)	10.7	17.3	39.0	125.4%

CLIENT CARE PROGRAM

DEMAND FOR CLIENT MEALS REMAINED RELATIVELY CONSISTENT THROUGHOUT 2021, RANGING FROM 3,000 TO 4,200 MEALS EACH WEEK. WE CONTINUED TO SCREEN CLIENTS FOR FOOD INSECURITY AND TO OFFER GROCERY BAGS AND DOUBLE PORTIONS OF MEALS FOR THOSE WHO SCREENED POSITIVE.

PILOTS AND RESEARCH

IN AN EFFORT TO BUILD SUPPORT FOR MEDICALLY TAILORED MEALS FROM PARTNERSHIP HEALTHPLAN AND OTHER INSURERS, CERES LAUNCHED OR PARTICIPATED IN A NUMBER OF PILOTS AND RESEARCH PROJECTS IN 2021.

. CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PILOT OF MEDICALLY TAILORED MEALS FOR MEDICAL MEMBERS WITH CONGESTIVE HEART FAILURE. LAUNCHED IN 2018, THIS PILOT WRAPPED UP AT THE END OF DECEMBER 2021. AN INITIAL EVALUATION CONDUCTED BY MATHEMATICA SHOWED POSITIVE BENEFITS FROM THE PILOT. A FULL EVALUATION WILL BE COMPLETED IN 2022.

. KAISER NOURISH STUDY WAS A RANDOMIZED CONTROL TRIAL EVALUATING THE IMPACT OF A 10-WEEK MEDICALLY TAILORED MEAL INTERVENTION FOR KAISER MEMBERS BEING DISCHARGED FROM THE HOSPITAL WITH AT LEAST ONE OF THE FOLLOWING CONDITIONS: CONGESTIVE HEART FAILURE, CHRONIC KIDNEY DISEASE,

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DIABETES AND/OR MALNUTRITION. LAUNCHED IN MID-2020, THE STUDY COMPLETED
IN FEBRUARY 2021 AND RESULTS HAVE BEEN SUBMITTED TO JAMA FOR PUBLICATION.
WE EXPECT TO BE ABLE TO SHARE RESULTS MID-YEAR.

. SOLANO HEALTH RX PILOT - IN PARTNERSHIP WITH INTEGRATIVE HEALTH
SOLUTIONS, CERES PROVIDED 12 WEEKS OF MEALS TO ABOUT 80 SENIORS ALL OF
WHOM HAD AT LEAST ONE CHRONIC HEALTH CONDITION AND/OR A DIAGNOSIS OF MILD
TO MODERATE DEPRESSION. PARTICIPANTS RECEIVED THE MEALS ALONG WITH
SUPPORT FOR PHYSICAL ACTIVITY, FALL PREVENTION AND TIME IN NATURE.
RESULTS DEMONSTRATED IMPROVED OVERALL HEALTH, INCREASED HEALTHY EATING
BEHAVIOR, REDUCED FOOD INSECURITY, INCREASED PHYSICAL ACTIVITY AND SOCIAL
CONNECTION, AND IMPROVED BLOOD PRESSURES AMONG OTHER RESULTS. INTEGRATIVE
HEALTH SOLUTIONS IS EXPLORING FUNDING TO EXPAND THE PILOT.

. SANTA ROSA COMMUNITY HEALTH ADDRESSING UNCONTROLLED HYPERTENSION - FOR
THIS PILOT, WE PROVIDED 12 WEEKS OF MEALS TO EVERYONE IN THE FAMILY FOR
ABOUT 240 PATIENTS WITH UNCONTROLLED HYPERTENSION. WE ARE CURRENTLY
ANALYZING THE RESULTS, INCLUDING A CHART REVIEW TO DETERMINE IMPACTS ON
HYPERTENSION CONTROL.

. PERINATAL NUTRITION PILOT - LAUNCHED IN MARCH, THIS SMALL PILOT WITH
WEST COUNTY HEALTH CENTERS AND SANTA ROSA COMMUNITY HEALTH, AIMS TO
EVALUATE THE IMPACT OF A MEAL AND PRODUCE INTERVENTION FOR LOW-INCOME
PREGNANT MOMS. TO DATE WE HAVE ENROLLED 66 WOMEN. WOMEN ARE REMAINING IN
THE INTERVENTION UNLESS THEY ARE FACING EXTENUATING SITUATIONS (MOVING,
MISCARRIAGE, ETC.). EARLY RESULTS INDICATE THAT THE INTERVENTION IS
REDUCING STRESS, IMPROVING HEALTHY EATING BEHAVIOR AND INCREASING
CONSUMPTION OF FRUITS AND VEGETABLES, REDUCING FOOD INSECURITY, AND

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SUPPORTING WOMEN IN RECOVERING MORE QUICKLY AFTER BIRTH. WE ARE SEEKING
ADDITIONAL FUNDING TO INCREASE THE SAMPLE SIZE OF THE PILOT. ONCE WE HAVE
AT LEAST 50 WOMEN WHO HAVE COMPLETED THE INTERVENTION, WE WILL BE
ASSESSING IMPACTS ON BIRTH WEIGHT, PRE-TERM LABOR AND POST-PARTUM
DEPRESSION.

ADDITIONAL CLIENT CARE PROGRAM UPDATES

IN ADDITION TO THE PILOTS ABOVE, WE CONTINUED TO IMPROVE THE OVERALL
STRENGTH OF OUR CLIENT CARE TEAM AS WELL AS IMPROVING OUR ABILITY TO
SERVE HISPANIC AND SPANISH SPEAKING CLIENTS:

. HIRED A NEW CLIENT CARE PROGRAM MANAGER AFTER NEARLY A YEAR WHEN THE
PREVIOUS MANAGER WAS OUT DUE TO HEALTH AND PERSONAL REASONS. THIS HAS
STABILIZED THAT TEAM WHILE ALSO SUPPORTING THE CAPACITY FOR IMPORTANT
PROGRAM DEVELOPMENT WORK MOVING FORWARD.

. HIRED FULL-TIME BILINGUAL/BICULTURAL REGISTERED DIETITIAN NUTRITIONIST
AS OUR FIRST NUTRITION CARE MANAGER OVERSEEING OUR MEDICALLY TAILORED
MEAL MENU, MENU ASSIGNMENT AND NUTRITION EDUCATION.

. THREE OF FOUR CLIENT CARE COORDINATORS ARE NOW BILINGUAL (TWO
ADDITIONAL HIRES IN 2021).

CLIENT DEMOGRAPHICS*	2019	2020	2021	2020-2021 CHANGE
FEMALE	72.1%	62.1%	66.8%	7.6%
60+	64.5%	68.0%	57.8%	-15.0%
NON-CAUCASIAN	18.0%	27.3%	46.5%	70.3%
HISPANIC	7.9%	19.7%	35.9%	82.2%

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SPANISH SPEAKING	2.4%	14.3%	31.0%	116.8%
< 200% POVERTY	59.7%	77.1%	84.9%	10.1%
LIVING ALONE	67.4%	73.3%	79.7%	8.7%
CANCER	67.4%	30.3%	25.7%	-15.2%
CHRONIC CONDITION	8.0%	48.3%	46.6%	-3.5%
COVID		4.7%	5.0%	6.4%

*EXCLUDES MEALS FOR HEALTH CLIENTS (6.9% OF ALL CLIENTS)

YOUTH DEVELOPMENT PROGRAM

WHILE ALL PROGRAM SITES HAVE BEEN OPEN TO VOLUNTEERS THROUGHOUT THE YEAR, THE COVID-19 PANDEMIC CONTINUES TO IMPACT THE NUMBER OF YOUTH WHO ARE ENGAGED AT CERES AND OVERALL YOUTH HOURS. WHILE HOURS ARE UP 17% OVER 2020, THE NUMBER OF YOUTH IS VIRTUALLY UNCHANGED - AND BOTH NUMBER OF YOUTH AND HOURS REMAIN FAR BELOW PRE-PANDEMIC LEVELS.

THE COMBINATION OF COVID AND THE CLOSURES OF THE SEBASTOPOL AND SANTA ROSA KITCHENS FOR SIX MONTHS IN 2020 HAS RESULTED IN A LOSS OF EXPERIENCED YOUTH IN THE PROGRAM THAT WE ARE STILL RECOVERING FROM. YOUTH ENGAGED IN 2021 ARE LIKELY TO BE YOUNGER AND NEW TO THE PROGRAM. THERE WERE ALSO FEWER TOTAL TEEN LEADERS AND YOUTH WITH GREEN APRONS (SIX MONTHS) IN 2021 AS WE HAD FEWER NEW YOUTH IN 2020 WHO WERE THEN ABLE TO REACH THEIR 6 MONTH AND 1 YEAR MARKS IN 2021.

YOUTH DEMOGRAPHICS	2020	2021	2020-2021 CHANGE
--------------------	------	------	------------------

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GENDER

FEMALE	61.2%	64.4%	5.2%
MALE	37.9%	34.4%	-9.2%
NON-BINARY	0.9%	1.2%	33.3%

AGE

16 AND YOUNGER	42.7%	51.5%	20.6%
17 AND OLDER	57.3%	49.5%	-13.6%

LENGTH IN PROGRAM

1 YEAR OR LESS	18.4%	59.8%	225.0%
LONGER THAN 1 YEAR	81.6%	40.2%	-50.7%

TEEN LEADERS (TOTAL)	90	81	-10.0%
GREEN APRONS (TOTAL)	104	94	-9.6%

WE CONTINUED TO MAKE INVESTMENTS IN OUR YOUTH DEVELOPMENT WORK IN 2022:
. HIRED OUR FIRST FULL-TIME YOUTH VOLUNTEER COORDINATOR TO OVERSEE AND
COORDINATE ALL ASPECTS OF THE YOUTH DEVELOPMENT PROGRAM FROM OUTREACH AND
ONBOARDING TO THE LEADERSHIP DEVELOPMENT PATHWAY; INTEGRATED THIS ROLE
INTO THE VOLUNTEER DEPARTMENT TO PROVIDE STRONG SUPPORT AND OVERSIGHT
. LAUNCHED TWO PAID (AND FUNDED) INTERNSHIP PROGRAMS, A CULINARY
INTERNSHIP THROUGH SUPPORT FROM A PRIVATE FOUNDATION, AND A PAID GARDEN
INTERNSHIP PROGRAM WITH TWO-YEAR FUNDING THROUGH A BEQUEST.

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. HELD OUR FIRST IN-PERSON TEEN LEADER ORIENTATION IN TWO YEARS AND
REVIVED THE TEEN-LED YOUTH ADVISORY COMMITTEE.

PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONT)

GARDEN PROGRAM UPDATES

. 272 YOUTH PARTICIPATED IN OUR SEBASTOPOL AND SANTA ROSA GARDEN
PROGRAMS, WITH A TOTAL OF 4,123 HOURS. HOURS WERE UP 44% OVER 2020 AND
THE NUMBER OF YOUTH INVOLVED MORE THAN DOUBLED.

. WE LAUNCHED A SMALL GARDEN INTERNSHIP PROGRAM AT THE SEBASTOPOL GARDEN
FUNDED BY A BEQUEST. FOUR YOUTH PARTICIPATED, WORKING 15 HOURS A WEEK FOR
11 WEEKS. WE PAID NEARLY \$10,000 IN WAGES.

. AFTER SEVERAL YEARS OF UNCERTAINTY DUE TO THE SALE OF THE PROPERTY THAT
THE SEBASTOPOL GARDEN HAS BEEN ON FOR 10 YEARS, WE RESOLVED THE FUTURE OF
THAT GARDEN. WE HAVE SECURED A 20-YEAR LEASE WITH THE SEBASTOPOL CHARTER
SCHOOL ON THE PROPERTY JUST WEST OF THE CURRENT SITE. THIS WILL ENABLE
THE SAME YOUTH POPULATION TO PARTICIPATE IN THE NEW SITE. THE GARDEN WILL
MOVE BY APRIL 30, 2022.

PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

NUTRITION EDUCATION

CERES' NUTRITION EDUCATION MANAGER CONTINUED TO INNOVATE OUR NUTRITION
EDUCATION PROGRAMMING WITHIN THIS NEW VIRTUAL ENVIRONMENT. VIRTUAL
PROGRAMMING REDUCED BARRIERS TO PARTICIPATION FOR MANY COMMUNITY MEMBERS
AND ENABLED US TO EXTEND PARTICIPATION BEYOND OUR CURRENT GEOGRAPHIC
COVERAGE.

. IN 2021, WE OFFERED 35 VIRTUAL CLASSES REACHING 810 PARTICIPANTS - THIS

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IS UP 48% OVER 2020, DESPITE OFFERING 22% FEWER CLASSES.

. FEE INCOME TOTALED \$7,585. TWO CLASSES WERE ALSO SPONSORED FOR A TOTAL
OF \$1,000.

. WE PUBLISHED A NEW COOKBOOK - NOURISHING COMMUNITY: HEALING RECIPES
MADE WITH LOVE - WHICH FEATURES OUR NATIONAL AFFILIATE PROGRAM
PARTICIPANTS.

. WE PROVIDED 14 VIRTUAL "GROUP VISITS" IN COLLABORATION WITH FORESTVILLE
WELLNESS CENTER, PART OF WEST COUNTY HEALTH CENTERS. FORTY-SIX PATIENTS
ATTENDED THESE CLASSES.

. CERES NUTRITION EDUCATION MANAGER WAS A PRECEPTOR DURING A 6-WEEK,
120-HOUR, COMMUNITY ROTATION FOR A DIETETIC INTERN FROM KEITH &
ASSOCIATES DISTANCE DIETETIC INTERNSHIPS.

. WE PROVIDED A NUTRITION EDUCATION CLASS FOR A GROUP OF KAISER FAMILY
MEDICINE RESIDENCY DOCTORS DURING THEIR ANNUAL 2-WEEK EXPERIENCE AT
CERES.

. WE OFFERED A NUTRITION EDUCATION CLASS FOR THE 2021 CERES GARDEN
INTERNSHIP.

CERES AFFILIATE NETWORK

CERES CONTINUED TO SUPPORT SEVEN ADDITIONAL PROGRAMS ACROSS THE UNITED
STATES AND IN DENMARK THROUGH OUR AFFILIATE PROGRAM. AT LEAST FIVE OTHER
PROGRAMS BASED ON CERES' MODEL ARE ALSO OPERATING. (WE TRAINED TWO OF
THEM BEFORE WE DEVELOPED THE AFFILIATE PROGRAM; ONE HAS MOVED ON FROM THE
AFFILIATE PROGRAM AND IS NOW PART OF CALFIMC, OUR STATEWIDE ASSOCIATION;
AND SEVERAL HAVE LAUNCHED WITHOUT GOING THROUGH THE TRAINING.) CERES'

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AFFILIATES CONTINUED TO FACE THE SAME CHALLENGES WE DID DURING THE PANDEMIC - CHANGING PUBLIC HEALTH GUIDANCE, INCREASED NEED FOR SERVICES, AND SHORTAGES OF VOLUNTEERS. DET KAERLIGE MALTID, OUR DANISH AFFILIATE, OPENED A SECOND BRANCH OF THEIR PROGRAM IN 2021. WE ARE CURRENTLY IN CONVERSATION WITH THREE ADDITIONAL COMMUNITIES AND WILL BE TRAINING A TEAM FROM CHATTANOOGA, TN IN FEBRUARY OF 2022.

EDUCATIONAL OUTREACH & POLICY ADVOCACY

DESPITE THE DEMANDS OF THE PANDEMIC, CERES REMAINED ACTIVE IN REGIONAL, STATE AND NATIONAL COALITIONS WORKING TO BUILD A HEALTHIER, MORE JUST AND MORE SUSTAINABLE FOOD SYSTEM, AS WELL AS CONTINUING OUR WORK TO EDUCATE OUR STAKEHOLDERS AND COMMUNITY ABOUT IMPORTANT ISSUES RELATED TO BUILDING A HEALTHY, JUST AND SUSTAINABLE FUTURE.

ON THE POLICY FRONT, THE MOST IMPORTANT "WIN" WAS THE LAUNCH IN JANUARY 2022 OF CALIFORNIA'S NEW MEDICALLY SUPPORTIVE FOOD BENEFIT WITHIN MEDICAL. THIS IS ONE OF 14 NON-MEDICAL COMMUNITY SUPPORTS BENEFITS APPROVED BY DEPARTMENT OF HEALTH CARE SERVICES. WE WERE ACTIVE DURING 2021 IN HELPING TO DEFINE WHAT SHOULD BE COVERED AS WELL AS THE REIMBURSEMENT RATES FOR CBOS SUCH AS CERES WHO WILL BE PROVIDING THE BENEFIT. ALONG WITH COMMENT LETTERS AND CONVERSATIONS WITH POLICY MAKERS, WE HELD NUMEROUS CONVERSATIONS WITH PARTNERSHIP HEALTHPLAN AND IN LATE 2021 SIGNED OUR FIRST CONTRACT WITH THEM TO PROVIDE THESE SERVICES.

IN ADDITION, CALFIMC REQUESTED AND WAS GRANTED \$9.3 MILLION IN THE

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STATE'S 2021-2022 BUDGET FOR MEDICALLY TAILORED MEALS TO MEDICAL MEMBERS.
THE FUNDING WAS GIVEN IN RECOGNITION OF THE SIGNIFICANT INCREASE IN
SERVICES OUR AGENCIES HAD PROVIDED DURING THE PANDEMIC AND THE
REALIZATION THAT THE ROLL-OUT OF THE NEW MEDICAL BENEFIT WOULD TAKE TIME.
CERES HAS BEEN ALLOCATED \$600,000 OF THIS FUNDING. CALFIMC PLANS TO
REQUEST AN EXTENSION TO BE ABLE TO USE THESE FUNDS THROUGH JUNE 2023
SINCE WE DID NOT COMPLETE CONTRACTING WITH THE STATE UNTIL DECEMBER 2021.

OTHER HIGHLIGHTS INCLUDE:

. WE PARTICIPATED IN TEN COALITIONS SUPPORTING EMERGENCY RESPONSE, HEALTH
CARE, NUTRITION AND FOOD SYSTEM CHANGE EFFORTS. AMONG THESE, WE PROVIDED
THE BACKBONE SUPPORT FOR HEARTS OF SONOMA COUNTY AND CERES' CEO SERVED ON
THE ADVISORY BOARD FOR THE FOOD IS MEDICINE COALITION.

. CERES' CEO SERVED AS AN ADVISOR ON THE ASPEN INSTITUTE'S FOOD & SOCIETY
PROGRAM PROJECT TO DEVELOP A NATIONAL FOOD AS MEDICINE RESEARCH ACTION
PLAN. THE FULL REPORT WAS RELEASED IN JANUARY 2022.

. MEDIA COVERAGE ABOUT OUR WORK REACHED 39 MILLION PEOPLE IN PRINT, RADIO
AND TV. THIS INCLUDED:

. EDUCATIONAL COMMUNICATIONS REACHING 10,000+ THROUGH CERES' EMAIL LIST
AND 7,000 VIA OUR SOCIAL MEDIA NETWORK.

. WE PUBLISHED SIX NOURISHING DISCOURSE ARTICLES HELPING TO EDUCATE OUR
STAKEHOLDERS ABOUT POLICY ISSUES RELATED TO FOOD, HEALTH, CLIMATE AND
HEALTH EQUITY INCLUDING.

. SIGNED ON TO 37 COMMENT LETTERS. FOURTEEN WERE AT THE FEDERAL LEVEL, 23

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AT THE STATE LEVEL, AND ONE AT THE LOCAL LEVEL. TOPICS INCLUDED THE
FOLLOWING (MANY LETTERS INCLUDED MULTIPLE FOCUS AREAS).
. PRESENTED AT EIGHT WEBINARS.

PART III, LINE 4C- PROGRAM SERVICE ACCOMPLISHMENTS

EQUITY DIVERSITY & INCLUSION (ED&I)

CERES CONTINUED OUR COMMITMENT TO ED&I WORK IN 2021 THROUGH THE
LEADERSHIP OF A STAFF-LED ED&I COMMITTEE. ALONG WITH CONTINUED STEPS TO
MAKE OUR SERVICES MORE ACCESSIBLE TO HISPANIC AND SPANISH SPEAKING
CLIENTS, WE ALSO MOVED THIS WORK FORWARD AT THE BOARD AND STAFF LEVEL.
IMPROVED THE DIVERSITY OF BOTH THE STAFF AND THE BOARD (DATA COLLECTION
WILL TAKE PLACE IN FEBRUARY TO VERIFY CHANGES).

. CONDUCTED TRAININGS FOR STAFF EVERY OTHER MONTH.

. UPDATED OUR WEBSITE TO BE ADA COMPATIBLE AND FULLY AVAILABLE IN
SPANISH.

. FOR 2021, ALL CERES TEAMS AND DEPARTMENTS ESTABLISHED SPECIFIC ED&I
GOALS TO FURTHER INTEGRATE THIS COMMITMENT AND VALUE ACROSS THE
ORGANIZATION.

EMERGENCY PREPAREDNESS:

BEGINNING WITH THE 2017 WILDFIRES, CERES HAS SERVED AS AN EMERGENCY FOOD
PROVIDER. AS THE CONTINUED THREATS FROM WILDFIRES IN OUR REGION HAS
BECOME EVIDENT, WE HAVE WORKED TO PROTECT CERES' ABILITY TO MAINTAIN
OPERATIONS DURING DISASTERS, AND TO FORMALIZE CONTRACTS TO SUPPORT THIS
WORK. 2021 EFFORTS INCLUDED:

. RENEWING OUR CONTRACT WITH COUNTY OF SONOMA REGARDING EMERGENCY FOOD

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RESPONSE. THIS CONTRACT COVERS UP TO \$50,000 PER YEAR FOR THREE YEARS.

. WORKED WITH THE SONOMA COUNTY OFFICE OF EMERGENCY MANAGEMENT TO DEVELOP SCREENING FOR SHELTER RESIDENTS TO IDENTIFY THOSE NEEDING A MEDICALLY TAILORED MEAL; DEVELOPED WORKFLOWS WITH THE OEM TEAM AND CERES.

. CERES CONTINUED PARTICIPATION IN BOTH THE MARIN COUNTY VOAD AND THE SONOMA COUNTY COAD (VOLUNTEER/COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS), AS WELL AS THE EMERGENCY FOOD WORK GROUPS OF BOTH ENTITIES.

. MADE FURTHER PROGRESS ON OUR CONTINUITY OF OPERATIONS PLAN AND FORMED A CONTINUITY OF OPERATIONS WORKGROUP.

. MOVED ALL REMAINING IT SYSTEMS TO THE CLOUD, THEREBY ALLOWING US TO REMOVE THE PHYSICAL SERVER AT O'REILLY THAT WAS VULNERABLE TO POWER OUTAGES.

. CONTINUED DILIGENCE AROUND COVID SAFETY PROTOCOLS FOR STAFF AND VOLUNTEERS; TO DATE WHILE WE HAVE STAFF AND VOLUNTEERS WHO HAVE TESTED POSITIVE OR BEEN CLOSE CONTACTS, WE HAVE HAD ZERO SPREAD AT CERES WHICH IS A REFLECTION OF OUR POLICIES AND DILIGENCE. THIS INCLUDED SOURCING MASKS AND RAPID TESTS.

. CONTINUED SUPPORT FOR A REMOTE OR HYBRID WORK ARRANGEMENT FOR THOSE WHO CAN WORK REMOTELY.

PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION REVIEWS ALL COMPENSATION OF OFFICERS AND EMPLOYEES ANNUALLY AND REQUESTS DISCLOSURE OF ANY POSSIBLE CONFLICT OF INTEREST OF

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BOARD MEMBERS, OFFICERS AND EMPLOYEES IN ORDER TO ENFORCE COMPLIANCE WITH
THIS POLICY.

PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS COMPARED TO A STUDY OF NON
PROFIT SALARIES FOR SIMILAR SIZED ORGANIZATIONS IN THE SAN FRANCISCO BAY
AREA.

PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS

THE COMPENSATION OF OTHER EMPLOYEES WERE COMPARED TO A STUDY OF NON
PROFIT SALARIES FOR SIMILAR SIZED ORGANIZATIONS IN THE SAN FRANCISCO BAY
AREA.

PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILAB

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN
WRITING OR IN PERSON.