# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	· 2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	CHEF ANN FOUNDATION			
	Name change	Doing business as		26-24968	10
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5485 CONESTOGA CT., SUITE 110 F	Room/suite	E Telephone numbe (720) 50	r 0-2112
	—lreturn/ termin ated			G Gross receipts \$	8,750,411.
Г	Ameno	<b>3</b>		H(a) Is this a group re	
F	Applic			for subordinates	
_	pendir			H(b) Are all subordinates in	—
$\overline{}$	Tayay	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions
	Websit		01 321	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Voor		M State of legal domicile: CO
	art I	Summary	•		•
4	1	Briefly describe the organization's mission or most significant activities: $\  { m \underline{THE}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
Governance		DEDICATED TO PROMOTING WHOLE-INGREDIENT,	SCRATO	CH-COOKING I	N SCHOOLS.
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
90	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			57
iţi.	6	Total number of volunteers (estimate if necessary)			12
Activities &	7 a			7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		3,741,674.	8,703,738.
nu	9	Program service revenue (Part VIII, line 2g)		20,210.	40,042.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,803.	1,882.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,000.	4,749.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,766,687.	8,750,411.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000.	205,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,430,242.	3,675,207.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Der	Ь	Total fundraising expenses (Part IX, column (D), line 25) 559, 4	77.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,376,411.	4,050,924.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,856,653.	7,931,131.
	1	Revenue less expenses. Subtract line 18 from line 12		910,034.	819,280.
or	3		Ве	ginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		2,616,480.	4,442,340.
Ass	21	Total liabilities (Part X, line 26)		175,925.	1,182,505.
Net		Net assets or fund balances. Subtract line 21 from line 20		2,440,555.	3,259,835.
	art II	Signature Block		, ,	, ,
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	,		'		
Sig	ın	Signature of officer		Date	
He		MARA FLEISHMAN, CEO			
		Type or print name and title			_
		Print/Type preparer's name Preparer's signature	] [	Date Check	PTIN
Pai	d	KEVIN RICKMAN		if self-employ	P01240896
	parer	Firm's name BROCK AND COMPANY, CPAS, P.C.	I		4-0930288
	Only	Firm's address 4940 PEARL EAST CR., SUITE 300		, illing Eliv G	
200	<b>,</b>	BOULDER, CO 80301		Phone no 30	3-444-2971
Ma	v the IE	IS discuss this return with the preparer shown above? See instructions		1 Hone no. 5 0	X Yes No
ivia	y uite II	to diodade this retain with the proparer shown above: oee instructions			103110

Form	1990 (2023) CHEF ANN FOUNDATION 26-2496810 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENSURE THAT SCHOOL FOOD PROFESSIONALS HAVE THE RESOURCES, FUNDING
	AND SUPPORT THEY NEED TO PROVIDE FRESH, HEALTHY, DELICIOUS, COOKED
	FROM SCRATCH MEALS THAT SUPPORT THE HEALTH OF CHILDREN AND OUR PLANET.
	Their political limits and their state of the state of th
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 \$6,770,032 • including grants of \$205,000 • ) (Revenue \$\$
	THE CHEF ANN FOUNDATION (CAF) BELIEVES EVERY CHILD SHOULD HAVE ACCESS
	TO FRESH, HEALTHY FOOD EVERY DAY SO THAT THEY CAN DEVELOP HEALTHY
	EATING HABITS TO LAST A LIFETIME. WE THINK THE GREATEST IMPACT CAN BE
	HAD THROUGH CHANGING SCHOOL FOOD. OUR MISSION IS TO ENSURE THAT SCHOOL
	FOOD PROFESSIONALS HAVE THE RESOURCES, FUNDING AND SUPPORT THEY NEED TO
	PROVIDE FRESH, HEALTHY, DELICIOUS, COOK FROM SCRATCH MEALS THAT SUPPORT
	THE HEALTH OF CHILDREN AND OUR PLANET.
	THE HEADTH OF CHIEDREN AND OUR FLANET.
	MO DAME WE HAVE TADACHED MHE COHOOL ECOD EAMEN BY MEADLY 2 200 000
	TO DATE, WE HAVE IMPACTED THE SCHOOL FOOD EATEN BY NEARLY 3,200,000
	CHILDREN (MORE THAN HALF OF WHOM QUALIFY FOR THE FREE/REDUCED LUNCH
	PROGRAM) AND REACHED OVER 13,000 SCHOOLS IN ALL 50 STATES WITH OUR
	PROGRAMMING. (CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program conjuga expanses 6, 770, 032.

# Form 990 (2023) CHEF ANN FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		<del> </del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>₩</b>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	domoctio government on traitive, column (vy, interior in research) research services (in research)	41	_ 43	<u> </u>

Form 990 (2023) CHEF ANN FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		x		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
Ī	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete					
	Schedule L. Part I	25b		x		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200				
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20				
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21				
20	instructions for applicable filing thresholds, conditions, and exceptions):					
_						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a	Х			
	"Yes," complete Schedule L, Part IV		Λ	Х		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x		
00	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v		
•	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<del>  ^-</del>		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7		
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			177		
	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177		
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37			
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	X			
ral	Charlett Cahadula Constains a management at a smaller in this Bat V					
	Check if Schedule O contains a response or note to any line in this Part V		 T _			
			Yes	No		
	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	-				
С			77			
	(gambling) winnings to prize winners?	1c	X			

Form 990 (2023) CHEF ANN FOUNDATION

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

			Yes	No
<b>2</b> a	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		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  11a			
	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) CHEF ANN FOUNDATION 26-2496810 Page
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.

<u> </u>						X				
Sec	tion A. Governing Body and Management									
		1 1	10		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other								
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х				
6										
7a										
, ,	more members of the governing body?			7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<i>1</i> a						
b				7b		х				
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			76		21				
8				0-	Х					
	The governing body?		l l	8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read to the control of t			_		37				
<u> </u>	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)								
			ı		Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the for	m?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe								
	on Schedule O how this was done	,		12c	X					
13	Did the organization have a written whistleblower policy?		l l	13		Х				
14			l l	14		Х				
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
а	The organization's CEO, Executive Director, or top management official			15a		Х				
	Other officers or key employees of the organization			15b		X				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
104	taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			IUa						
b										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			16h						
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b						
17	List the states with which a copy of this Form 990 is required to be filed CA	1000 T / · · · ==	4 ( ) (2)							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ina 990-1 (section 50°	ı(c)(3)s	only)	avaılal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	` '	n on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest police	cy, and	financ	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records								
	THE ORGANIZATION - (720) 500-2112									
	5485 CONESTOGA CT., SUITE 110 F, BOULDER, CO 8030	1								

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Posi	ition more	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week					ector/trustee)		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	al trus		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	idual	Institutional trustee	J.	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) ANN COOPER	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) DAVID DE LA ROSA	0.30									
BOARD MEMBER		Х						0.	0.	0.
(3) CHARLES DUKES	0.30									
BOARD MEMBER		Х						0.	0.	0.
(4) KEVIN EMORE	0.30									
BOARD MEMBER		Х						0.	0.	0.
(5) EMILY FRIEDBERG	0.30									
BOARD MEMBER		Х						0.	0.	0.
(6) EINAV GEFEN	0.30									
BOARD MEMBER		Х						0.	0.	0.
(7) SMITHA HANEEF	0.30									
BOARD MEMBER		Х						0.	0.	0.
(8) NATHAN IRONS	0.30									
BOARD MEMBER		Х						0.	0.	0.
(9) AMY SHIPLEY	0.30									
BOARD MEMBER		Х						0.	0.	0.
(10) ERIC SPAN	0.30									
BOARD MEMBER		Х						0.	0.	0.
(11) TOM SPIER	0.30									
BOARD MEMBER		Х						0.	0.	0.
(12) HELENE YORK	0.30									
BOARD MEMBER		Х						0.	0.	0.
(13) MARA FLEISHMAN	40.00									
CHIEF EXECUTIVE OFFICER				Х				281,200.	0.	12,658.

Form **990** (2023)

Form 990 (2023) CHEF ANN	FOUNDAT	'IO	N						26-2	4968	10	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	compensated Employee	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	an	(D) Reportable compensation from	(E)  Reportable  compensation  from related	n	Est am	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orga and	pensation om the inization related nizations
1b Subtotal c Total from continuation sheets to Part VI								281,200.		0.		0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n								281,200.	000 of roportable	0.	12	,658.
compensation from the organization	or infinited to the	036	11316	u ac	,0ve	) WII	010	eceived more than \$100,				5 Vaa   Na
3 Did the organization list any <b>former</b> officer,												Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com-	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	x
Section B. Independent Contractors	piete Scriedule	<i>3 J 1</i> C	JI SC	ICIT J	<i>JEI</i> 30	OII .						
Complete this table for your five highest continuous the organization. Report compensation for the organization for the compensation for the compensation for the compensation for the compensation for the compensation.	'-	-							· · · · · · · · · · · · · · · · · · ·	oensati	on fro	m
(A) Name and business	address							(B) Description of s	services	Co	(C) ompen	
LUNCH LESSONS, LLC 4810 RIVERBEND RD., BOULD		80	30	1				CONSULTING			258	,904.
HARBORCOAT CONSULTING, LI 3697 JACINTA CT., FORT MI		29	70	8				CONSULTING			142	,181.
2 Total number of independent contractors (in \$100,000 of compensation from the organization)	-	ot lin	nited	to t	thos		ted	above) who received mo	ore than			

26-2496810

Form 990 (2023) CHEF ANN FOUNDATION
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	sponse	or note to any lin	ne in this Part VIII			
						•		(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
Siδ	1	а	Federated campaigns		- 1-	1a					
ant			Membership dues			1b					
يَ ق			Fundraising events		····-	1c					
r A			Related organizations			1d		1			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1e		1			
Sir			All other contributions, gifts,			-		1			
et ju		•	similar amounts not included			1f 8,	703,738.				
걸		g	Noncash contributions included in			1g \$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
N P		-						8,703,738.			
<u> </u>			Totall / Ida iii loo Ta Ti				Business Code	, , , , , , , , , , , ,			
•	2	2 a ENROLLMENT FEES			611600	40,042.	40,042.				
Š	_	b					02200				
Ser		c	-								
E S		d									
gra		e	-								
Program Service Revenue			All other program service	reve	nue						
		' a	Total. Add lines 2a-2f					40,042.			
	3		Investment income (includ					10,0120			
	Ŭ							1,882.			1,882.
	4	L	Income from investment of					2,0020			2,0020
	5		Royalties		•	•					
	Ŭ		noyanos			Real	(ii) Personal				
	6		Gross rents	6a	— ·		( )				
	Ŭ		Less: rental expenses	6b				-			
			Rental income or (loss)	6c				-			
			Net rental income or (loss)								
	7		Gross amount from sales of	· · · · ·	(i) Sec	curities	(ii) Other				
	•	_	assets other than inventory	7a				-			
		h	Less: cost or other basis					-			
<u>o</u>		~	and sales expenses	7b							
enc		c	Gain or (loss)	7c				-			
Şe.			Net gain or (loss)		•						
her Revenue	8		Gross income from fundraising								
g G	Ĭ	_	including \$	-	-						
			contributions reported on								
			Part IV, line 18		•	- 1	1				
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19				1				
		b	Less: direct expenses				,				
			Net income or (loss) from								
	10		Gross sales of inventory, I								
			and allowances			10	a				
		b	Less: cost of goods sold				b				
_			Net income or (loss) from								
,			<u> </u>				Business Code				
ous	11	а	OTHER INCOME				611600	4,749.	4,749.		
ane		b									
Miscellaneous Revenue		С									
Misα B		d	All other revenue								
_		е	Total. Add lines 11a-11d					4,749.			
	12	2	Total revenue. See instruction	ns				8,750,411.	44,791.	0.	1,882.

# Form 990 (2023) CHEF ANN FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	,			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	205,000.	205,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	281,200.	227,217.	22,403.	31,580.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.005.400	0 004 400	222 274	
7	Other salaries and wages	2,885,423.	2,331,499.	229,874.	324,050.
8	Pension plan accruals and contributions (include	00 050	10 606	4 005	0 500
	section 401(k) and 403(b) employer contributions)	23,052.	18,626.	1,837. 17,426.	2,589. 24,554. 29,971.
9	Other employee benefits	218,647.	176,667.	17,426.	24,554.
10	Payroll taxes	266,885.	215,643.	21,271.	29,971.
11	Fees for services (nonemployees):				
а	Management	24 025	25 220	2 400	2 500
b	Legal	31,235.	25,238.	2,489.	3,508. 2,461.
С	Accounting	21,917.	17,709.	1,747.	2,461.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	002 257	691 060	64 020	E7 260
	column (A), amount, list line 11g expenses on Sch O.)	803,357. 1,295,172.	681,969.	64,028.	57,360. 12,496.
12	Advertising and promotion	41,069.	1,209,811.	72,865.	4,612.
13	Office expenses	333,511.	269,477.	26,581.	37,453.
14	Information technology	333,311.	209,411.	20,301.	31,433.
15	Royalties	4,400.	3,555.	351.	494.
16	Occupancy	477,559.	377,425.	94,719.	5,415.
17	Travel Payments of travel or entertainment expenses	±11,555•	311,423•	J=,/±J•	<u> </u>
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	13,348.	8,992.	1,064.	3,292.
19 20		679.	0,004	679.	5,2524
21	Interest Payments to affiliates	015.		0,75	
22	Depreciation, depletion, and amortization				
23	Insurance	12,367.	9,992.	986.	1,389.
24	Other expenses. Itemize expenses not covered		7.00		= / =
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DIRECT COST OF SALAD BA	842,956.	842,956.		
h	MISCELLANEOUS EXPENSES	55,965.	45,160.	4,460.	6,345.
c	DUES AND SUBSCRIPTIONS	55,095.	40,189.	4,391.	10,515.
d	PROFESSIONAL DEVELOPMEN	39,107.	9,777.	29,330.	==, ===
-	All other expenses	23,187.	19,946.	1,848.	1,393.
25	Total functional expenses. Add lines 1 through 24e	7,931,131.	6,770,032.	601,622.	559,477.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , ,	, ,,,,,,,,,	. , . = = .	
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	<u> </u>				F 000 (2222)

Form 990 (2023)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		814,650.	1	1,601,400.	
	2	Savings and temporary cash investments			998,069.	2	207,635.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	802,961.	4	2,615,526.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			400.	9	17,379.
	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	. 10a	9,347.			
	b	Less: accumulated depreciation	. 10b	9,347.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		400.	15	400.	
	16	Total assets. Add lines 1 through 15 (must ed		2,616,480.	16	4,442,340.	
	17	Accounts payable and accrued expenses		175,925.	17	1,182,505.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part I\	of Schedule D		21	
တ္ဆ	22	Loans and other payables to any current or fo	rmer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
abi		controlled entity or family member of any of the	iese per	sons		22	
ן כ	23	Secured mortgages and notes payable to unre	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	payable	to related third			
		parties, and other liabilities not included on lin		· · · · · · · · · · · · · · · · · · ·			
		of Schedule D			455 005	25	1 100 505
	26				175,925.	26	1,182,505.
,		Organizations that follow FASB ASC 958, cl	heck he	e X			
Š		and complete lines 27, 28, 32, and 33.			560 600		1 015 005
la l	27	Net assets without donor restrictions			562,680.	27	-1,815,205.
B	28	Net assets with donor restrictions			1,877,875.	28	5,075,040.
盲		Organizations that do not follow FASB ASC	eck here				
F		and complete lines 29 through 33.					
ध	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 440 555	31	2 050 035
Ş	32	Total net assets or fund balances			2,440,555.	32	3,259,835.
$\Box$	33	Total liabilities and net assets/fund balances		2,616,480.	33	4,442,340.	

Pai	rt XI   Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,75					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,93	<u>1,1</u>	<u>31.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	819,28					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,25	9,8	35.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>						
			Form	990	(2023)			

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization

CHEF ANN FOUNDATION

Employer identification number

OMB No. 1545-0047

Inspection

26-2496810

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	$\Box$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ħ	A medical research organiza						the hospital's name.	
•		city, and state:	a.i.o.i. opoi.a.oa .ii. oo.	ijanionom mini a moopitali		000110		and mospital o maine,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ad by a go	vernmental unit describ	ed in	
3	ш	section 170(b)(1)(A)(iv). (C		liege of difficulty owned	or operat	ca by a go	verninental unit describ		
6		A federal, state, or local gov		antal unit described in	ocation 17	70/6\/4\/4\/	(A)		
6	H	, ,	•				• •	nublic described in	
7		An organization that norma	•	ntiai part of its support if	om a gove	mmentar	unit or from the general	public described in	
•		section 170(b)(1)(A)(vi). (C	• •	(4)(A)(-i) (Olate David					
8	H	A community trust describe			•				
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or	
	Ū	university:							
10	X	An organization that norma							
		activities related to its exem		·			• •	•	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	•						
11	$\mathbb{H}$	An organization organized a	· ·	•	•			_	
12	Ш	An organization organized a	•	•	•		•	•	
		more publicly supported or						Check the box on	
	_	lines 12a through 12d that	* *						
а			· · · · · · · · · · · · · · · · · · ·	•	•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by have	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,	
	_	its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an attenti	veness	
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f		er the number of supported o							
<u>g</u>		vide the following information			(iv) lo the eras	nization listed		I ( ) A . ( )	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

332021 12-21-23

26-2496810 Page 2 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2023 CHEF ANN

Part II Support Schedule for Organization

	(Complete only if you checke fails to qualify under the tests			-			
	ction A. Public Support	Г	T		T	T	ı
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10					1	l
12	,					12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
Ser	organization, check this box and stop etion C. Computation of Publi						<u></u>
	Public support percentage for 2023 (I			column (f))		14	
15	Public support percentage from 2022						
	33 1/3% support test - 2023. If the						x and
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the		~				
~	and <b>stop here.</b> The organization qual						_
17a	10% -facts-and-circumstances test						
_	and if the organization meets the fact						
	meets the facts-and-circumstances te				-		
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more and if the organization mosts th	-					

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1666375.	2256269.	1377248.	3741674.	8703738.	17745304.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			13,113.	20,210.	40,042.	73,365.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1.555355	2256262	1000061	27.51.22.1	0.7.4.0.7.0.0	1.5010.660
	Total. Add lines 1 through 5	1666375.	2256269.	1390361.	3761884.	8743780.	17818669.
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						17818669.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2019 1666375.	(b) 2020 2256269.	(c) 2021 1390361.	(d) 2022 3761884.	(e) 2023	(f) Total 17818669.
	Amounts from line 6	1000373.	2230209.	1390301.	3/01004.	0/43/00.	17010009.
108	dividends, payments received on						
	securities loans, rents, royalties,	1,148.	1,893.	794.	1,803.	1,882.	7,520.
	and income from similar sources	1,140.	1,093.	134.	1,003.	1,002.	1,320.
K	Unrelated business taxable income (less section 511 taxes) from businesses						
		1,148.	1,893.	794.	1,803.	1,882.	7,520.
	Add lines 10a and 10b  Net income from unrelated business	1,140.	1,055.	7546	1,005.	1,002.	7,520.
•	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital	1,000.	2,500.	1,000.	3,000.	4,749.	12,249.
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	1668523.	2260662.	1392155.	3766687.		17838438.
	First 5 years. If the Form 990 is for the						·
•				•		. , . ,	511,
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		15	99.89 %
16	Public support percentage from 2022					16	99.88 %
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20	<b>)23</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.04 %
18	Investment income percentage from 2	<b>2022</b> Schedule A, f	Part III, line 17			18	.05 %
198	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						T
k	33 1/3% support tests - 2022. If the						ınd
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	irt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's c	officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	•		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ng the		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	<i>y</i> . 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etructions)		
a		2 a a a a a a a a a a a a a a a a a a a		
b				
c		ntity (see instruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Titty (See Instruction	Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
		53		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)/2) Supporting Orga	nizationa /		g-
		a)(3) Supporting Orga	nizations (continu	ed)	
	on D - Distributions	T		Current Year	
_1_	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
_4_	Amounts paid to acquire exempt-use assets	Davit VIIV		4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5 6	
<u>6</u> 7	Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.			7	
<u>_7</u>		o organization is responsive			
8	Distributions to attentive supported organizations to which the	ie organization is responsive		8	
9	(provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 9 amount	/i)	/ii\	10	/iii\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional i (See instructions.)	d 2; Part IV, Section C, ection B, line 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
CREDIT CARD REBATE	
2019 AMOUNT: \$ 1,000.	
2020 AMOUNT: \$ 2,500.	
2021 AMOUNT: \$ 1,000.	
2022 AMOUNT: \$ 3,000.	
2023 AMOUNT: \$ 4,749.	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CHEF ANN FOUNDATION

**Employer identification number** 26-2496810

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Funds or Ad	counts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			•
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in don	or advised fund	ds
	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor or			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on For	m 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education) Preserv	vation of a histo	orically important land area
	Protection of natural habitat	Preserv	vation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ïed conservation contribution in t	ne form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminate	d by the organi	ization during the tax
_	year			
4	Number of states where property subject to conservation eas	<u></u>	War and C	
5	Does the organization have a written policy regarding the per			□ v □ N.
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emore	ing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing c	onservation ea	sements during the year
•	Amount of expenses mounted in monitoring, inspecting, mand	illing of violations, and emoreting e	onscivation ca	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	n 170(h)(4)(R)(i	i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures	, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stat	ement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or resea	rch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue stateme	ent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for	financial gain,	provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar As	ssets	(contin	nued)	J
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	t make sig	nificant use	of its	•		
	collection items (check all that apply).										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	•									
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpose ir	Part )	KIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		·							Amount	t	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							· · · · · · · · · · · · · · · · · · ·			
Par	- 17										
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back (	<b>d)</b> Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1c	a. column (a	)) held as:						
а	Board designated or quasi-endowment		%	<b>y</b> , (	,,,						
b	Permanent endowment	%									
С		<u></u> , -									
_	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the possess	•	ation tha	t are held a	nd administer	red for the					
	organization by:								ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										-
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other (other)	(c) Ac	cumulated reciation		(d) Bool	k valu	е
	Land	· · ·	,		. ,						
b	Buildings	I									
C	Leasehold improvements										
d	Equipment	I			9,347.		9,347	$. \top$			0.
	Other	I			- , •		-,	1			
	. Add lines 1a through 1e. (Column (d) must ed		X line 1	Oc column	(R))	1					0.
		ruur runn uuu. rall	7. III C 1	oo. ooluliili	٠٠٠٠٠٠٠٠٠						

Part VII	Investments - Other Securities Complete if the organization answered "Yes"	on Form 000 Bort IV line	o 11h Soo Form 000 Port V line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
		(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
	al derivatives			
(2) Closely (3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)			+	
(9)	h) must equal Form 000 Port V line 12 and (P))			
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
1 0.1 1.1 1.1	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, co	<u>l. (B))</u>		
Part X	Other Liabilities	F 000 D-+ IV I'	. 44 446. O Farm 200. Bart V. Fra 25	
_	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
<u>(6)</u> (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, co	(B))		
	for uncertain tax positions. In Part XIII, provide			nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization									
	CHEF ANN FOUNDATION 26-249683								
Part I General Information on Grants and Assistance									
Does the organization maintain records criteria used to award the grants or assistant and the grants of assistant and the grants of a specific plants.	stance?				-				
2 Describe in Part IV the organization's pro					onization analyses d "V	'aa" aa Farm 000 Dari	: IV line O1 for any		
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
MANHATTAN-OGDEN USD 383									
1112 HAYES DR									
MANHATTAN, KS 66502			35,000.	0.			SYSTEMS ASSISTANCE GRANT		
SOUTH MADISON COMMUNITY SCHOOL CORPORATION - 203 S. HERITAGE WAY - PENDLETON IN 46064			35,000.	0.			SYSTEMS ASSISTANCE GRANT		
-			, -	-					
WISCONSIN RAPIDS PUBLIC SCHOOLS 510 PEACH STREET			25.000				AVARRING AGGIGENVAL CONVE		
WISCONSIN RAPIDS, WI 54494			35,000.	0.			SYSTEMS ASSISTANCE GRANT		
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT - 1257 NORTHPARK BLVD -									
SAN BERNARDINO, CA 92407			10,000.	0.			SYSTEMS ASSISTANCE GRANT		
2 Enter total number of section 501(c)(3) a	nd government or	I ganizations listed in th	l e line 1 tahle				4.		
3 Enter total number of other organization	-	~							

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.				
PART I, LINE 2:								
REPORTS ON OUTCOMES ARE REQUIRED FI	ROM CERTA	IN AWARDEE	S.					

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990.

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

CHEF ANN FOUNDATION

 $Employer\ identification\ number \\ 26-2496810$ 

D	art I Questions Regarding Compensation	± 3 0 0 T	<u> </u>	
Pá	art i   Questions Regarding Compensation			
_			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	· .		Х
		·		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?			X
b	Any related organization?	. 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	. <u>6a</u>		X
b	Any related organization?	. 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	. 9		

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARA FLEISHMAN	(i)	281,200.	0.	0.	5,368.	7,290.	293,858.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHEF ANN FOUNDATION

Employer identification number

26-2496810

Complete if the organization answered "Yes" on Form 990. Part IV, line 25a or 25b; or Form 990. EZ, Part V, line 40b.	Pa	rt I Excess Benefi	it Transaction	ons (section 50	01(c)(3	s), secti	ion 501(c)(4), and se	ctior	n 501(c)(29) orga	nizatio	ons on	ly)			
(a) Name of disqualified person person and organization (c) Description of transaction (c) Question of transaction (c) Question (c) Que															
1	1	(-) None of discussification	(b) F	Relationship betv	ween o	disqual	ified ,	- 1 - 0					(d)	Corre	cted?
2		(a) Name of disqualified pe	rson	person and or	ganiza	ation	(0	<b>c)</b> De	escription of tran	ISACTIC	on		Y	es	No
(4)	(1)														
4	(2)														
(5)	(3)														
Column	(4)														
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose of loan to organization (e) Original principal amount of loan (h) Approved (i) Written organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship or of loan (c) Purpose of ansistance organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount of loan to organization organization organization organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization	(5)														
Saction 4958   Sact	(6)														
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person   (b) Relationship with organization   (c) Purpose of loan   (d) Loan to or granization   (e) Original mount   (f) Balance due   (d) In your department   (e) Original mount   (f) Balance due   (f) Name of loan   (f) Name of loa	2										\$				
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    (a) Name of interested person   (b) Relationship with organization   (c) Purpose of loan   (d) Leant or organization   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved by board or disprenent?   (g) Original principal amount   (h) Balance due   (g) In default.   (h) Approved or disprenent?   (h) Approved or disprenent?   (e) Original principal amount   (f) Balance due   (g) In default.   (h) Approved or disprenent?   (h) Approved	3	Enter the amount of tax, if	any, on line 2, a	above, reimburs	ed by	the org	ganization				\$				
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    (a) Name of interested person   (b) Relationship with organization   (c) Purpose of loan   (d) Purpose loan   (d)	Pa	ert II I nans to and/	or From Inte	erested Pers	ne										
Reported an amount on Form 990, Part X, line 5, 6, or 22.   (a) Name of interested person   (b) Relationship with organization   (c) Purpose of loan   (d) Loan to organization   (e) Original principal amount   (f) Balance due   (g) In   (b) Approved by board organization   (e) Original principal amount   (f) Balance due   (g) In   (b) Approved by board organization   (e) Original principal amount   (f) Balance due   (g) In   (h) Approved by board organization   (f) Balance due   (f) Balance	Га					= 7	D 11/1 00	_	000 D + 11/4 II	00					
(a) Name of interested person with organization with organization?    (a) Name of interested person with organization w							, Part V, line 38a, or	Forn	n 990, Part IV, Iir	ne 26;	or if tr	ne orga	anızatı	on	
Complete if the organization of loan   Complete if the organization		·					(a) Original	T ,,	3 D. I		\ lo	<b>(h)</b> Ap	proved	/:> \A	Iritton
To   From   Yes   No					fror	n the		(1	) Balance due			by bo	ard or	(1) **	
(1) (2) (3) (4) (4) (5) (6) (7) (9) (10) (10) (10) (10) (10) (10) (10) (10		miorestea perseri	or gameanon	0.100.1			printerpair armeants			<u> </u>	1		I		Т
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total S Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the organization  (b) Relationship between interested person and the organization  (c) Amount of assistance assistance  (d) Type of assistance  (e) Purpose of assistance  (1) (2) (3) (4) (5) (6) (7)					10	From				Yes	NO	Yes	NO	Yes	NO
(3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10															
(4)															
(5) (6) (7) (8) (9) (10) Total \$															
(6)															
(7) (8) (9) (10) Total \$\															
(8) (9) (10) Total \$  Part III Grants or Assistance Benefiting Interested Persons  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7)															
(9) (10) Total \$ Part III Grants or Assistance Benefiting Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1)  (2) (3) (4) (5) (6) (7)															
Total \$ Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (l)															
Part III   Grants or Assistance Benefiting Interested Persons   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   (a) Name of interested person   (b) Relationship between interested person and the organization   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (1)   (2)   (3)   (4)   (5)   (6)   (7)															
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (1)  (2)  (3)  (4)  (5)  (6)  (7)		•		l	<u> </u>		<u> </u>						L		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization  (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (3) (4) (5) (6) (7)			istance Ben	efiting Inter	este	d Per									
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (3) (4) (5) (6) (7)				_											
(2)     (3)       (4)     (5)       (6)     (7)				(b) Relationship interested pers	betwe	en	(c) Amount of								f
(2)     (3)       (4)     (5)       (6)     (7)	/41	<u> </u>									$\dashv$				
(3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9											-				
(4) (5) (6) (7)											$\dashv$				
(5) (6) (7)											-				
(6) (7)											$\dashv$				
(7)			-								$\dashv$				
											$\dashv$				
											$\dashv$				

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

Schedule L (Form 990) 2023

(9)

	ANN FOUNDATION		20-2490	010	Page 2
Part IV Business Transactions Inv	_				
(a) Name of interested person	(b) Relationship between interested person and the organization	8b, or 28c. (c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
TINGII TEGGONG TTG	CUDDENII OFFICED	250 004	CONCULT TING	Yes	No
(1)LUNCH LESSONS, LLC	CURRENT OFFICER	258,904.	CONSULTING		Х
(2) (3)					
(4)					
(5)					
(6)					
_(7)					
(8)				-	
(9)				1	
Part V   Supplemental Information			<u> </u>		
	esponses to questions on Schedule L. See i	nstructions.			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: LUNC	H LESSONS LLC				
(A) NAME OF THEOOR. HONC.	II BESSONS, EEC				
(D) DESCRIPTION OF TRANS	ACTION: CONSULTING SER	VICES			
FORM 990, PART IV, LINE	28A				
CHEF ANN FOUNDATION CONS	III.TS DIRECTIV WITH LIIN	CH LESSONS	LLC AN		
		on Eddono,	2207 221		
ENTITY THAT IS 50% OWNED	BY A CURRENT OFFICER.				

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHEF ANN FOUNDATION

Employer identification number 26-2496810

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN ORDER TO HELP SCHOOL DISTRICTS BUILD, IMPLEMENT, AND SUSTAIN A SCRATCH COOK PROGRAM, CAF PROVIDES A CONTINUUM OF SELF-OPERATED, PROGRAMMING THAT MEETS DISTRICTS WHERE THEY ARE, AND HELPS SUPPORT THEM IN MOVING THEIR PROGRAM FORWARD. WE DIVIDE OUR WORK INTO TWO PRIMARY CATEGORIES: PROFESSIONAL/WORKFORCE DEVELOPMENT AND IMPLEMENTATION GRANTS. CAF'S PROFESSIONAL AND WORKFORCE DEVELOPMENT PROGRAMS EQUIP SCHOOL FOOD PROFESSIONALS WITH THE KNOWLEDGE AND SKILLS TO ENACT REAL SCHOOL FOOD CHANGE: -THE LUNCH BOX PROVIDES THE OPERATIONAL KNOWLEDGE BASE FOR ALL OF OUR WORK. FREE ACCESS AND FREE TO USE, THIS ONLINE RESOURCE CENTER PROVIDES FREE STEP-BY-STEP GUIDES, TOOLS, RECIPES AND OTHER RESOURCES TO HELP SCHOOLS IMPROVE THEIR MEAL PROGRAMS AND CONVERT TO SCRATCH-COOKING. -SCHOOL FOOD INSTITUTE IS A SET OF ONLINE COURSES THAT PROVIDE PROFESSIONAL DEVELOPMENT AND COMPREHENSIVE TRAINING ON THE KEY COMPONENTS OF SUCCESSFUL SCRATCH-COOK OPERATIONS IN SCHOOLS. -HEALTHY SCHOOL FOOD CAREER PATHWAYS INCLUDE NEW PRE-APPRENTICESHIP AND APPRENTICESHIP PROGRAMS THAT PREPARE THE NEXT GENERATION OF SCHOOL FOOD SERVICE WORKERS WITH THE SKILLS AND KNOWLEDGE TO OPERATE FRESH, HEALTHY, AND SUSTAINABLE SCHOOL MEAL PROGRAMS. CAF IS ALSO DEVELOPING A NATIONAL FELLOWSHIP PROGRAM THAT WILL EMPOWER MID-CAREER PROFESSIONALS TO TAKE ON LEADERSHIP ROLES IN SCHOOL FOOD SERVICE.

EQUIPMENT NEEDED TO OFFER HEALTHIER,

IMPLEMENTATION GRANT PROGRAMS PROVIDE SCHOOLS WITH THE TOOLS AND

FRESHER MEALS IN SCHOOL:

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Name of the organization **Employer identification number** 26-2496810 CHEF ANN FOUNDATION -SALAD BARS TO SCHOOLS IS A GRANTING PROGRAM THAT PROVIDES SCHOOLS AND DISTRICTS WITH SALAD BAR EQUIPMENT AND SUPPORT, SUCH AS CAMBRO BARS, CAMCHILLERS, AND TECHNICAL ASSISTANCE. -GET SCHOOLS COOKING IS AN INTENSIVE 3-YEAR ASSESSMENT AND STRATEGIC PLANNING PROGRAM THAT PROVIDES SCHOOLS WITH THE OPERATIONAL KNOWLEDGE TO TRANSITION FROM A HEAT & SERVE TO SCRATCH COOK OPERATIONAL MODEL. IN ALL OUR WORK, THE CHEF ANN FOUNDATION STRIVES TO MEET THE FOLLOWING GOALS: REDUCE THE RATE OF DIET- RELATED ISEASES AMONG CHILDREN BY IMPROVING THE NUTRITIONAL QUALITY OF SCHOOL FOOD; HELP CHILDREN ESTABLISH BETTER EATING HABITS FOR LIFE THROUGH HEALTHY SCHOOL MEALS; INCREASE EXPOSURE TO FRESH FRUITS AND VEGETABLES; INCREASE FOOD LITERACY THROUGH NUTRITION EDUCATION; AND TRANSITION SCHOOLS FROM HEAT-AND-SERVE OPERATION MODELS THAT DEPEND ON PROCESSED FOOD TO SCRATCH-COOK KITCHENS THAT PRODUCE MEALS MADE WITH WHOLE, NUTRIENT-RICH FOOD. FORM 990, PART VI, SECTION B, LINE 11B: TAX RETURN IS REVIEWED BY EVERY BOARD MEMBER AT BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEETING DISCUSSION AND DISCLOSURE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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

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Name of the organization  CHEF ANN FOUNDATION	Employer identification number 26-2496810
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	681,969.
MANAGEMENT AND GENERAL EXPENSES	64,028.
FUNDRAISING EXPENSES	57,360.
TOTAL EXPENSES	803,357.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	803,357.