	000							OME	8 No. 1545-0047
Forr	990	*	Return of C	Drganization Exen 7, or 4947(a)(1) of the Internal	n pt From I	ncome	Tax undations)	2	2021
Depa Interi	rtment of the nal Revenue S	Treasury Service	► Do not ente ► Go to www.irs		Open to Public Inspection				
A	For the 20		r year, or tax year beginni	ng	, 2021, and en	ding	D Employer i	, 20	n number
В	Check if appli								
	Address		ALL PRIMROSE				E Telephone	31340	
	Name ch	R	39 PRIMROSE ROAD URLINGAME, CA 94	010-4318				42-22	55
	Initial ret	um	ondinomil, on si				030 3	12 22	
		/terminated					G Gross rece	ipts \$	1,659,132.
	Amendeo		Name and address of principal o	fficer: MEDDI DOECCU		H(a) Is this	s a group return fo		
			AME AS C ABOVE	IERRI BUESCH		H(b) Are a	Il subordinates ind ," attach a list. Se	luded?	Yes No
-	Tax-exemp		(501(c)(3) 501(c) () < (insert no.) 494	17(a)(1) or 527				
J	Website		.CALLPRIMROSE.ORG			H(c) Group	o exemption numb		
ĸ	Form of org			Association Other	L Year of for	mation: 201	4 M State	e of legal d	omicile: CA
	41 5	umman		n or most significant activi					THE TOOLES
Activities & Governance		OCERIES	TO THOSE IN NEEL	AITY_WITHIN_OUR_O		more than	25% of its ne		
8	A Num	her of inde	pendent voting members	of the governing body (Pa	rt VI, line 1b)			4	9
ies	E Tota	l number o	f individuals employed in	calendar vear 2021 (Part V	/, line 2a)			5	4
tivit	6 Tota	al number o	f volunteers (estimate if n	ecessary).	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · ·		6 7a	<u>50</u> 0.
Ac	7a Tota	al unrelated	business revenue from Pa	art VIII, column (C), line 1: om Form 990-T, Part I, lin	2 e 11			7b	0.
	b Net	unrelated b	ousiness taxable income in	0111 0111 990-1, 1 arc 1, 111	<u> </u>		Prior Year		Current Year
	8 Con	tributions a	nd grants (Part VIII, line 1	h)			1,240,73	9.	1,589,131.
anu	9 Pro	aram servic	e revenue (Part VIII, line :	2g)				-	20.055
Revenue	10 Inve	estment inco	ome (Part VIII, column (A)), lines 3, 4, and 7d)			19,24	6.	<u> </u>
ď	11 Oth	er revenue	(Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and must equal Part VIII, colur	ΠΕ) nn (Δ) line 12)		1,259,98	5	1,637,441.
	12 Tota	al revenue ·	- add lines a through 11 ((, column (A), lines 1-3)	<u></u>		535,00		1,070,000.
	13 Gra 14 Ben	nts and sin	o or for members (Part IX	, column (A), line 4)					
	15 Sala	aries, other	compensation, employee	benefits (Part IX, column	(A), lines 5-10).		154,22	3.	168,556.
ses		fessional fu	ndraising fees (Part IX, co	olumn (A), line 11e)					
Expense	h Tota		ng expenses (Part IX, colu						
Ĕ	17 Oth		s (Part IX, column (A), lin	es 11a-11d, 11f-24e)			211,74	9.	252,443.
	18 Tota	al expenses	. Add lines 13-17 (must e	qual Part IX, column (A),	line 25)		900,97	2.	1,490,999.
	19 Rev	venue less e	expenses. Subtract line 18	from line 12			359,01	3.	146,442.
5	6						ning of Current		End of Year
Net Assets or	20 Tot	al assets (F	Part X, line 16)				1,043,03	0.	1,189,476. 0.
t As	21 Tot						1 042 02		1,189,476.
_				ne 21 from line 20			1,043,03	94.	1,109,470.
Ρ	art II	Signature	Block		les and statements	and to the hest (of my knowledge a	nd belief, i	t is true, correct, and
Uni	der penalties on nplete. Declara	of perjury, I dec ation of prepare	lare that I have examined this return er (other than officer) is based on a	rn, including accompanying schedu Ill information of which preparer ha	s any knowledge.		n ny kaometage e		
					-	-			
Si	gn	Signature	e of officer				Date		
H	ere	TERR	I BOESCH			EXE	CUTIVE D	IRECTO	OR
_		Type or p	print name and title		Det			if PTI	N
			eparer's name	Preparer's signature	Date		Check X		1326877
	aid	LOUIS	J. RODRIGUEZ				self-employed		1920011
	reparer	Firm's name					Firm's EIN	94-3	289014
U	se Only	Firm's addres							92-0811
		diacuse H-	BURLINGAME, O	shown above? See instruct	ctions				X Yes No
IV			eduction Act Notice, see t	he separate instructions.		TEEA0101L			Form 990 (2021
D	HA FULLS	inci work ut	subtion Act notice, see t						

PUBLIC VIEW

orm	1990 (2021) CALL PRIMROSE	47-2131340	Page 2
	t 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 COMPASSIONATELY ADDRESS THE ISSUES OF HUNGER AND FOOD INSECURI	TY WITHIN OU	<u>UR</u>
	COMMUNITY BY PROVIDING FREE, HEALTHY GROCERIES TO THOSE IN NEED		
2	Did the organization undertake any significant program services during the year which were not listed on the price	or 🗖	
	Form 990 or 990-EZ?	Y	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices? Y	es 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 service accomplishments fo	ices, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	s to others, the tot	ar experieee,
	and revenue, if any, for each program service reported.		
	a (Code:) (Expenses \$ 1,490,999. including grants of \$ 1,070,000.) (R	Revenue \$ 1,	659,132.)
4 a	a (Code:) (Expenses \$ 1,490,999. including grants of \$ 1,070,000.) (INDIVIDUAL AND FAMILY FOOD AND GROCERY ASSISTANCE AND SUCH OTHER	REFERRAL SE	RVICES
	INDIVIDUAL AND FAMILY FOOD AND GROCERI ASSISTANCE AND DUCH OTHER		
	b (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
41	b (Code:) (Expenses \$ including grants of \$) (F		/
	including graphs of \$	Revenue \$)
4	c (Code:) (Expenses \$ including grants of \$) (F		/
4	d Other program services (Describe on Schedule O.))
-	(Expenses \$ including grants of \$) (Revenue \$)
-	e Total program service expenses ► 1,490,999.		Form 990 (2021)
BA	A TEEA0102L 09/22/21		1 0111 000 (2021)

Par	t IV Checklist of Required Schedules			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
1	Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Х	
3	for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		X
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule	11 a		Х
	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	1 2 a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	The second	15		Х
16	The second se	16		X
17	and the second	17		X
18	a second se	18	X	
19	The state of the state of the state in the state of the s	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20a		Х
20	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		21		X
	domestic government on Fartin, country (A), me 1: in 165, complete concurrent, rand rand methods and methods and	-	-	_

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Pa	rt IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did t colur	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, mn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	and f	he organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i> adule J	23		Х
24 a	the la	he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of ast day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and</i> plete Schedule K. If 'No, 'go to line 25a	24a		Х
I		he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did th	he organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?	24c		
(he organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	trans	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit saction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
I	ls the that t Sche	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete adule L, Part I	25b		Х
26	¢	the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity mily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
27	empl	the organization provide a grant or other assistance to any current or former officer, director, trustee, key loyee, creator or founder, substantial contributor or employee thereof, a grant selection committee ober, or to a 35% controlled entity (including an employee thereof) or family member of any of these ons? If 'Yes,' complete Schedule L, Part III	27		X
28	Was instru	the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, uctions for applicable filing thresholds, conditions, and exceptions):			
ä	A cu 'Yes,	rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		Х
J	b A far	mily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
(com	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' plete Schedule L, Part IV.	28c		Х
29	Did t	the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29	Х	
30	contr	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did t	the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32		he organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete edule N, Part II	32		Х
33		he organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34		the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, line 1	34		Х
35 a	a Did t	he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	lf 'Ye entity	es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled y within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36		ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did th treat	he organization conduct more than 5% of its activities through an entity that is not a related organization and that is ed as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did ti Note	he organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? All Form 990 filers are required to complete Schedule O	38	Х	
Pa		Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V			
-	- ·		1. A.	Yes	No
		er the number reported in box 3 of Form 1096. Enter -0- if not applicable			
					Ser.
	(gan	he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming nbling) winnings to prize winners?	1 c		
BAA	1	TEEA0104L 09/22/21	Form	990	(2021)

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	990 (2021) CALL PRIMROSE 47-213134)	F	age 3
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		C. C	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 4			100
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4	01	X	and the second
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2		X
3a	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	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
58	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
U C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			100 C
/ a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		X
	services provided to the payor?	7 b		+
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
Ч	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
U	organization have excess business holdings at any time during the year?	8		
٩	Sponsoring organizations maintaining donor advised funds.			
2	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
10	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	- Cross income from other sources. (Do not net amounts due or naid to other sources			
	against amounts due or received from them.)	S. A.	Seller.	
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
Ł	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		No.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.1.1.		a de la com
a	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	c Enter the amount of reserves on hand			17
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	-	X
I	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14 b	,	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year?	1.0		No andreas
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.		C STORY	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	a second	

Form	1 990 (2021) CALL PRIMROSE 47-2131340		Ρ	Page 6
Par	t VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges c	n	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management		Vee	No
		1	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year1 a9If 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.1 a9			
k	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents	4		x
_	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		X
6	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		
12	members of the governing body?	7 a		X
ł	a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)
		10	Yes	
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X
I	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 0 b		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		- Second	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
I	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
i	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was doneSEE. SCHEDULE. O	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	COLUMN STREET, ST	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
3	a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.O	15a	Х	V
)	b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16.6		
-	organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed CA			
17		01(c)(3)5 0	- — — - nlv)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.		0/3 01	עיי
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. SEE SCHEDULE O	able to		
20	even the angenization's books and records			

Form 990 (2021) CALL PRIMROSE	47-2131340	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	Compensated Employee	s, and			
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					
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w organization's tax year.					
• List all of the organization's current officers, directors, trustees (whether individuals or organizatio compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of				

• List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			((C)					
(A) Name and title	(B) Average hours per	thar	n one bo both a direc	o not ox, un		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee		Former	the organization (W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) TERRI BOESCH	40								
EXECUTIVE DRCTR	0	X					87,450.	0.	0.
(2) LARRY WRIGHT JR.	5	x					0.	0.	0.
	50	x					0.	0.	0.
(4) <u>CINDY HOHLE-DUNCAN</u> DIRECTOR	5	X					0.	0.	0.
(5) MEREDITH_KOOYMAN DIRECTOR	5	X					0.	0.	0.
(6) MURIEL LUNDQUIST DIRECTOR	5	x					0.	0.	0.
(7) PATRICIA BLACK VICE PRESIDENT	$ \frac{10}{0} - $		2	x			0.	0.	0.
(8) MADALYN FRIEDMAN PRESIDENT	5		2				0.	0.	0.
(9) CHERIE HAMMER SECRETARY	$\frac{10}{0}$		2				0.	0.	0.
(10) NANCY MILLER TREASURER	$\frac{10}{0}-$		2				0.	0.	0.
(11)									
(12)									
(13)									
(14)				_					
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Part V	I Section A. Officers, Directors, Tru	istees,	Key	Em	plo	bye	es, a	anc	I Highest Com	pensated Emp	oloyees	(contin	nued)
		(B)			(0)							
	(A) Name and title	Average hours per	box.	, unle	SS DE	direct	e than o is both or/trust	ee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ted amo other	unt
		week (list any hours	oro	Insti	Officer	Key	High	Fon	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	comper the or	ganization	on
		for related	Individual trustee or director	nstitutional trustee	icer	Key employee	nest co ployee	ner	WIGG/1055-NEG/			related nization:	
		organiza - tions below	or or	nal tru		loyee	ompe		* 				
		dotted line)	tee	Istee			Highest compensated employee						
						-							
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													7.
(21)													
(22)													
(23)													
(24)							-						
(25)													
1 b Su	btotal								87,450.	0	•		0.
с То	tal from continuation sheets to Part VII, Secti	on A							0.	0			0.
d To	tal (add lines 1b and 1c)al number of individuals (including but not limited		listod				recei	hev	87,450.	0 0 of reportable cor		1	0.
	m the organization < 0		IISteu	auu	ve)	WIIO	IECEI	veu	more than \$100,00		ponoatio		
												Yes	No
3 Dia	the organization list any former officer, direct line 1a? If 'Yes,' complete Schedule J for suc	ctor, trust	ee, ke	ey e	mpl	oye	e, or	hig	hest compensated	d employee	3		X
1 Fo	r any individual listed on line 1a, is the sum o	f reportal	ole co	mpe	ensa	atior	n and	oth	ner compensation	from			
the	organization and related organizations great	er than \$	150,0	00?	lf '	Yes	' con	nple	ete Schedule J for		4		X
E Di	any person listed on line 1a receive or accrusive services rendered to the organization? If 'Ye		neati	on fr	rom	any		late	ed organization or	individual			X
Sectio	n B. Independent Contractors												
1 Cc	mplete this table for your five highest comper npensation from the organization. Report comper	nsated ind nsation for	deper	nder	nt co ndar	yea	r endi	thang v	at received more f with or within the o	than \$100,000 of rganization's tax ye	ar.		
	(A) Name and business add								(B) Description)	(Compe	C) ensatio	on
												i.	
	tal number of independent contractors (including 00.000 of compensation from the organization		nited	to th	ose	liste	ed abo	ove)	who received more	e than			

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Par	VIII Statement of Revenue Check if Schedule O contains a response or note to any	line in this Part VI	11		
	Check in Schedule O contains a response of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a1 abMembership dues1 b				
s, Gi Amo	c Fundraising events 1 c				
Gift	d Related organizations 1d				
Sim	e Government grants (contributions) 1e 22,400. f All other contributions, gifts, grants, and				
utio ther	similar amounts not included above 1f 1,566,731.	家 通道	· "我一家"。		
d di	g Noncash contributions included in lines 1a-1f 1g 1,070,000.				
an	h Total. Add lines 1a-1f►	1,589,131.			
ne	Business Code				
Program Service Revenue	2a				
e Re	b				
vice	C				
Se	d				
Jran	f All other program service revenue				
Proć	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and		20.055		
	other similar amounts)► 4 Income from investment of tax-exempt bond proceeds ►	30,055.	30,055.		
	 Income from investment of tax-exempt bond proceeds Royalties 				
	(i) Real (ii) Personal				
	6 a Gross rents 6a		the state of the second		
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
	7 a Gross amount from sales of assets	Strankers No.			
	other than inventory /a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c		and the second second		
	d Net gain or (loss)►				
e	8 a Gross income from fundraising events				
Other Revenue	(not including \$ of contributions reported on line 1c).				
Rei	See Part IV, line 18				
ler	b Less: direct expenses 8b 21,691.				
đ	c Net income or (loss) from fundraising events►	18,255.			
	9 a Gross income from gaming activities.		The second second		
	See Part IV, line 19 9 a b Less: direct expenses 9 b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances 10 a				
	b Less: cost of goods sold 10b				
-	c Net income or (loss) from sales of inventory Business Code				
SUC	11.0				
Miscellaneous	b				
ella	c				
SCI	u , in other research				
Σ	e Total. Add lines 11a-11d	1 607 441		0	. 0.
	12 Total revenue. See instructions.	1,637,441.	30,055.	0	• 0.

Part	IX Statement of Functional Expense	ses	1-11-11-11-11-11-11-11-11-11-11-11-11-1	manlata agluma (A)	
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a r			(C)	(D)
Do no 6b, 7b	t include amounts reported on lines 9, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic ndividuals. See Part IV, line 22	1,070,000.	1,070,000.		
3 (Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
• t	Compensation of current officers, directors, rustees, and key employees	87,450.	87,450.	0.	0.
Č (Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described n section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages	68,972.	68,972.		
8 F	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	00,512			
	Other employee benefits				
	Payroll taxes	12,134.	12,134.		
	ees for services (nonemployees):				
	Management	0.010	2 010		
	_egal	2,018.	2,018.		
	Accounting	1,475.	1,475.		
	_obbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	(A), amount, list line 11g expenses on Schedule 0.)		15.500		
	Advertising and promotion	17,538.	17,538.		
	Office expenses	838.	838.		
	Information technology	7,888.	7,888.		
	Royalties	21 402	31,492.		
	Occupancy	31,492.	51,492.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates.				
	Depreciation, depletion, and amortization	11,015.	11,015.		
24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	11,013.	11,013.		
	FOOD PURCHASES	102,297.	102,297.		
	OUTSIDE SERVICES	22,051.	22,051.		
	TEMPORARY_COLD_STORAGE	15,978.	15,978.		
	REPAIRS AND MAINTENANCE	15,601.	15,601.		
	All other expenses.	24,252.	24,252.		0
25	Total functional expenses. Add lines 1 through 24e	1,490,999.	1,490,999.	0.	0
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				
BAA	SOP 98-2 (ASC 958-720)	TEEA0110L 09			Form 990 (2021)

Form 990 (2021) CALL PRIMROSE Part X Balance Sheet

Pà	IRLA	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	291,152.	1	401,708.
	2	Savings and temporary cash investments	65,326.	2	64,756.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Enc.	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ts	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.	4,942.	9	11,479.
Å	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities	681,614.	11	711,533.
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,043,034.	16	1,189,476.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.	NAMES OF TAXABLE PARTY.		
5	29	Capital stock or trust principal, or current funds.		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSG	31	Retained earnings, endowment, accumulated income, or other funds	1,043,034.	31	1,189,476.
t A	32	Total net assets or fund balances.	1,043,034.	32	1,189,476.
Ne	33	Total liabilities and net assets/fund balances	1,043,034.	33	1,189,476.
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Form	1990 (2021) CALL PRIMROSE 47-	2131340		Pa	ige 12
Par	t 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	1,6	37,4	141.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,4	90,9	999.
3	Revenue less expenses. Subtract line 2 from line 1	3			142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	43,0)34.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
-	column (B))	10	1,1	89,4	176.
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash 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		Х
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:					
b	b Were the organization's financial statements audited by an independent accountant?				Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)