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A For the 2011 calendar year, or tax year beginning 01-01-2011

C Name of organization

SLOW FOOD IN THE TETONS INC

As Filed Data -

DLN: 93492320040202

D Employer identification number

20-4118866

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 12-31-2011

Open to Public Inspection

	ame ch		Number and street (or P O box, if mail is not delivered to street address) Room/suite				E Telephone number		
_	ıtıal ret					·	(307	7) 690-1385	
_	eminat	0	<u> </u>		-	F Group			
_		ed return City or town, state or country, and ZIP + 4 Victor, ID 83455				Numb		► 4272	
G A c	count	nting method $m{arphi}$ Cash $m{\Gamma}$ Accrual Other (specify) ▶					rganization is not chedule B	
		•		ļ				or 990-PF)	
		e: TETONSLOWFOOD ORG mpt status(check only one) — 501(c)(3) 501(c)() •	(upcort no.) 4047(a)(1) or	<u> </u>					
	-EXEIII		(IIISEIT 110)	327					
		if the organization is not a section 509(a)(3) su							
		not more than \$50,000 A Form 990-EZ or Form 9			orm 990-N (e-postc	ard) n	nay be required (see	
L Add	lines 5	5b, 6c, and 7b, to line 9 to determine gross receipts, If gross re	ceipts are \$200,000 or more, or		sets (Part II, line	e 25, colu	mn (B)	below) are \$500,000 or	
	rt I	Revenue, Expenses, and Changes in I	127,763	Palanco	C (Caa tha u		fo	u Dawt I)	
Fe		Check if the organization used Schedule O to res						.	
	1	Contributions, gifts, grants, and similar amounts re	eceived				1	106,205	
	2	Program service revenue including government fee	es and contracts			Ī	2	14,869	
	3	Membership dues and assessments				. [3		
	4	Investmentincome				. [4		
	5a	Gross amount from sale of assets other than inver	ntory	5a		Ī			
<u>a</u>	ь	Less cost or other basis and sales expenses .		5b					
Revenue	c	Gain or (loss) from sale of assets other than inven	tory (Subtract line 5b from	n line 5a)			5c		
	6	Gaming and fundraising events				Ī			
	а	Gross income from gaming (attach Schedule G if greater than	\$15,000)	6a					
	ь								
		reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)							
		\$13,000 <i>)</i>		6b		6,689			
	c	Less direct expenses from gaming and fundraising	gevents	6c		1,470			
	d		_	لىسىا 5b and su	ubtract line 6	c)	6d	5,219	
	7a	Gross sales of inventory, less returns and allowan	ces	7a		·		, , , , , , , , , , , , , , , , , , ,	
	ь			7b					
	c	Gross profit or (loss) from sales of inventory (Subt	ract line 7b from line 7a)				7c		
	8	Other revenue (describe in Schedule O)				Ì	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	18			Ì	9	126,293	
	10	Grants and similar amounts paid (list in Schedule					10	<u> </u>	
	11	Benefits paid to or for members	·			.	11		
	12	Salaries, other compensation, and employee bene	fits			ŀ	12	21,256	
S.	13	Professional fees and other payments to independ	ent contractors			.	13	16,036	
Expenses	14	Occupancy, rent, utilities, and maintenance .				.	14		
Š	15	Printing, publications, postage, and shipping .				Ì	15	206	
ш	16	Other expenses (describe in Schedule O)				Ì	16	39,421	
	17	Total expenses. Add lines 10 through 16				Ì	17	76,919	
υ? 	18	Excess or (deficit) for the year (Subtract line 17 fr	om line 9)			.	18	49,374	
Net.Assets	19	Net assets or fund balances at beginning of year (must adı	ree with	ļ		<u> </u>	
ኒልያ		end-of-year figure reported on prior year's return)				.	19	70,910	
Ž	20	Other changes in net assets or fund balances (exp	olaın ın Schedule O) .			.	20	· · · · · · · · · · · · · · · · · · ·	
	21	Net assets or fund balances at end of year Combi				.	21	120,284	
	1								

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in this Pa	art II		
(See the instruct			Beginning of year		(B) End of year
22 Cash, savings, and investments .	10113 101 1 416 11)		38,613	22	35,298
23 Land and buildings		–	30,013	23	33,290
24 Other assets (describe in Schedule O)		· · ·	32,297	+-+	84,986
		· —		-	·
25 Total liabilities (december 5 checkels		· · ·	70,910		120,284
26 Total liabilities (describe in Schedule (•		70.010	26	420.20
27 Net assets or fund balances (line 27 of Part IIII Statement of Program S		•	70,910	27	120,284
Check if the organization used	-		art III	(Re	Expenses quired for section 501
What is the organization's primary exempt p SLOW FOOD IN THE TETONS SEEKS TO FOOD SYSTEM THROUGH EDUCATION, PEOPLE, TRADITIONS, PLANTS, ANIMAI WE SEEK TO INSPIRE A TRANSFORMATI FORCES SO THAT THEY ENSURE EQUIT	(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)				
Describe the organization's program service measured by expenses. In a clear and conc benefited, and other relevant information for	ise manner, describe the				
28 FULL CIRCLE EDUCATION THE MISS SUSTAINABLE COMMUNITIES BY PROVE ECOSYSTEMS OF GARDENS, FARMS, AND SCHOOLS IN TETON VALLEY IDAHO AN STUDENTS RANGING IN AGE FROM 4 TO SUSTAINABLE LIVING WORKSHOPS FOR	ION OF FULL CIRCLE ED IDING LEARNERS OF ALI D NATURAL PLACES IN D JACKSON AREAS, REA O 17 YEARS THIS PROGR R ADULTS AND FAMILIES	L AGES DIRECT EXPE 2011, SLOW FOOD W CHING APPROXIMAT RAM ALSO ORGANIZE S	RIENCE IN THE ORKED WITH SIX TELY 360 ED SEVERAL		
(Grants \$) If this 29 THE JACKSON HOLE PEOPLES MARKE	s amount includes foreign	<u> </u>		28a	23,639
FARMERS MARKET CREATED AND MANA MARKET EXISTS TO BUILD COMMUNITY CELEBRATING PRODUCTS PRODUCED L SNAP BENEFITS (FOOD STAMPS) FROM THE AREA AND IS GEARED TOWARDS TO VENDORS EACH WEEK, SELLING LOCAL AND OTHER ITEMS THE MARKET SERVIE EARLY OCTOBER	THROUGH FOOD, ART, OCALLY THE MARKET B PATRONS THIS IS THE HE LOCAL COMMUNITY LY GROWN PRODUCE AM CES 50-150 CUSTOMER	MUSIC AND FAMILY NEGAN IN JUNE OF 20 ONLY WEEKNIGHT FA THE MARKET IS MAD ID MEAT, ARTWORK, T S EACH WEEK FOM JU	WHILE 10 AND ACCEPTS RMERS MARKET IN E UP OF 20-30 TEAS, JEWELRY,	1	
· · · · · · · · · · · · · · · · · · ·	s amount includes foreign		▶ ┌	29a	11,626
30 SUSTAINABLE LIVING WORKSHOPS WORKSHOPS EACH YEAR FOR OUR COM VEGETARIAN COOKING, CHEESE-MAKII 20 PEOPLE AT EACH WORKSHOP THAT Y JACKSON HOLE, WYOMING	MUNITY TOPICS INCLUNG, SOAP-MAKING AND	JDE RAISING BACKYA OTHER DIVERSE SKI	ARD CHICKENS, LLS WE REACH 5-	· ·	
	s amount includes foreign	grants, check here .	▶ ┌	30a	229
31 Other program services (describe in Sch (Grants \$) If this	nedule O)	grants, check here		31a	
32 Total program service expenses (add line				32	35,49
Part IV List of Officers, Directors, Trus					ns for Part IV)
Check if the organization used	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit p		
	devoted to position	enter -0)	deferred compens	atıon	other allowances
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this	s Part V						
				Yes	No			
33	Did the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O		33		No			
34	Were any significant changes made to the organizing or governing documents? If "Y of the amended documents if they reflect a change to the organization's name. Othe Schedule O (see instructions)	rwise, explain the change on	34		No			
35	If the organization had income from business activities, such as those reported on I others), but not reported on Form 990-T, explain in Schedule O why the organizatio Form 990-T	n dıd not report the ıncome on						
	Did the organization have unrelated business gross income of \$1,000 or more durin activities (such as those reported on lines 2, 6a, and 7a, among others)?	-	35a		No			
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' prov Schedule O	ide an explanation in	35b					
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subnotice, reporting, and proxy tax requirements during the year? If Yes, 'complete Sci		35c		No			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disthe year? If "Yes," complete applicable parts of Schedule N	sposition of net assets during	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a						
b	Did the organization file Form 1120-POL for this year?		37b					
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or were						
	any such loans made in a prior year and still outstanding at the end of the tax year of		38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b						
		300						
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9	39a						
	Gross receipts, included on line 9, for public use of club facilities	39b						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri							
	section 4911 , section 4912 , section 4955		l					
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sector transaction during the year or did it engage in an excess benefit transaction in a price reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been						
			40b		No			
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶							
d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization							
е	All organizations. At any time during the tax year, was the organization a party to a p transaction? If "Yes," complete Form $8886-T$		40e					
41	List the states with which a copy of this return is filed 🕨 ID							
42a	The organization's books are in care of 🏲 STEVE MICHEL	Telephone no	<u>(30</u>	7)200	-6141			
	POST OFFICE BOX 1901 Located at ► Wilson, WY	ZIP + 4	₽ 8.	3014				
b	At any time during the calendar year, did the organization have an interest in or a si over a financial account in a foreign country (such as a bank account, securities account)?		42b	Yes	No			
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.	eport of Foreign Bank and						
c	At any time during the calendar year, did the organization maintain an office outside	of the U S ?	42c					
	If "Yes," enter the name of the foreign country							
	Section $4947(a)(1)$ nonexempt charitable trusts filing Form $990\text{-}EZ$ in lieu of Form 3 and enter the amount of tax-exempt interest received or accrued during the tax year				▶ Г			
				Yes	No			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of		163	140			
	Form 990-EZ.		44a		Νo			
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' instead of Form990-EZ	Form 990 must be completed	44b		No			
c	Did the organization receive any payments for indoor tanning services during the ye	ar?	44c		No			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	? If 'No,' provide an explanation	1-1-C		1110			
4 5a	<pre>In Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(1</pre>	3)?	44d					
			45a		No			
45b	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,' Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)							

Form 990)-EZ (2011)							Page 4	
	I the organization engage, directly and idates for public office? If "Yes,"			n behalf of or ı	n opposition to	46	Yes	No	
Part V	Section 501(c)(3) organ All section 501(c)(3) organ 47-49b and 52.			_			_	stions	
	Check if the organization used	Schedule O to respond t	to any question in this	Part VI .		<u></u>			
							Yes	No ———	
	l the organization engage in lobbyir Yes," complete Schedule C, Part I		ction 501(h) election	ın effect durıı	ng the tax year?	47			
48 Is t	the organization a school described	d ın section 170(b)(1)(A)	(II)? If "Yes," complete	e Schedule E		48			
49a Did	9a Did the organization make any transfers to an exempt non-charitable related organization?								
b If"	b If "Yes," was the related organization a section 527 organization?								
	mplete this table for the organization								
(a) Nam	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position. (c) Compensation deferred compensation.								
NONE		devoted to position		ucicii cu	compensation	00110	erallowa		
NONE									
f T	otal number of other employees pa	ıd over \$100,000 .				<u> </u>			
	mplete this table for the organization or the compensation from the organization from the organization from the compension of the compensi			ntractors who	each received r	nore th	an \$10	0,000	
(a)	Name and address of each indepe	ndent contractor paid mo	re than \$100,000	(b) Typ	e of service	(c) C	ompen	sation	
NONE									
	otal number of other independent c				 ►				
	Old the organization complete Sche nust attach a completed Schedule						ritable Yes 🗆		
Under ner	nalties of perjury, I declare that I have	e evamined this return incl	ludina accompanyina s	chedules and s	tatements and to	the he	et of my	,	
	e and belief, it is true, correct, and co								
	<u> </u>								
Sign	***** Signature of officer				012-05-15 ate				
Here	STEVE MICHEL TREASURER								
	Type or print name and title	1,	ata T.	Charle of	Drong rods to		ufucation :-	number.	
Paid	Preparer's signature Missy Colyer)12-11-15	Check If self- employed F	Preparer's taxpay (See instructions		irication i	number	
Preparer' Use Only	ıf self-employed),	OLYER PLLC			EIN Þ				
JUG OTHY	address, and ZIP + 4 · PO BOX 102	ii seii eiripio (eu)							
M av +ha 1	DRIGGS, ID IRS discuss this return with the pre		Instructions		- 1.3.10 HO F (2)		es F	No.	
May the I	tko discuss this return with the pre	eparer snown above? See	mstructions		•	ı Y	es I	No	

OMB No 1545-0047

OMB No 1545-004

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

SLOW FOOD IN THE TETONS INC

Department of the Treasury Internal Revenue Service

nulete if the organization is a section 501(c)(3) organization or a section

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

									20-4118				
	rt I			blic Charity Sta						ınstructı	ons		
The c	rganı			te foundation becaus									
1	Г	A chur	ch, convent	ion of churches, or a	ssociation of	churches s	section 170(b)(1)(A)(i).	•				
2	Г	A scho	ol described	d in section 170(b)(1	l)(A)(ii). (At	tach Sched	ule E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)(A)(iii).				
4	Γ			h organızatıon opera ity, and state	ted in conjun	ction with a	hospital des	cribed in se	ection 170(b)	(1)(A)(ii	ii). Ente	r the	
5	Γ	=	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governme	ntal unit c	describe	_ ed in	
	_			(A)(iv). (Complete P	•								
6	<u> </u>			tate, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	ı	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	\sqcap	A com	munity trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II	[)					
9	<u>~</u>	An orga	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contr	ibutions, me	mbership	fees, a	nd gro	ss
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no m	ore than	3 3 1/3%	of	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	. tax) fror	n busin	esses	
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)				
10	\sqcap	An orga	anızatıon or	ganized and operated	d exclusively	to test for	public safety	See sectio	n 509(a)(4).				
11 e f g	Γ	one or the box a By che other the section of the continuous of t	more public that descr Type I cking this be than foundat to 509 (a)(2) organization this box and gersons?	ganized and operated by supported organized by supported organized by the supported by the	ations descr porting organ I c organization her than one etermination ization accep	ibed in sect ization and Type III is not cont or more pub from the IR	ion 509(a)(1 complete line [- Functional rolled directly blicly support S that it is a) or section is 11e through the section of the sect	509(a)(2) Sugh 11h ed tly by one or etions descri	d Tambers more discondinated in secondinated in secondinated in secondinated in secondinated in suppose the secondinated in suppose the secondinated in secon	on 509(Type II: qualified ction 50	a)(3). I - Oth d perso) 9 (a)(Check ner ons 1) or
		(i) a pe	erson who di	rectly or indirectly c	ontrols, eithe	er alone or t	ogether with	persons de	scribed in (ii) _		Yes	No
				governing body of th			ation?			<u> </u>	11g(i)		
		(ii) a fa	amily memb	er of a person descrı	bed in (i) abo	ve?				L	11g(ii)		
		(iii) a 3	35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	above?			L	11g(iii)		
h		Provide	e the follow	ng information about	the supporte	ed organizat	ion(s)						
(i) Name suppor organiza		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	otify the Is the organization of your col (i) organ		he ition in ganized		(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No			
							1		1	+			
										+			
							1						
							1						
Tota							1						

	(Complete only if ye						
	under Part III. If the						
	ection A. Public Support	_	_			•	
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 (f) Total
1	in) Gifts, grants, contributions, and						
_	membership fees received (Do not	:					
	include any "unusual						
2	grants ") Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
3	behalf 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						
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from line 4	ו					
S	ection B. Total Support				<u> </u>	I	
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	L (f) Total
_	ın)	(4) 2007	(2) 2000	(6) 2005	(4) 2010	(0) 2011	(1) 1 ocur
7 8	A mounts from line 4 Gross income from interest,						
0	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 (Explain in Part						
	IV) Do not include gain or loss						
11	from the sale of capital assets Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit	ies, etc (See inst	cructions)			12	
13	First Five Years If the Form 990 is	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	
	check this box and stop here						▶ □
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percentage for 201	0 Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	∕or more, cl	
h	and stop here. The organization qu 33 1/3% support test—2010. If the	•	, ,,		Sa and line 15 is	33 1/3% or i	more check this
_	box and stop here. The organization				sa, ana mie 15 io	33 1/3/0 01 1	▶ □
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization me						
	organization	oto the facts and	. on campanices	tost The organiz	quaimes as	a publicly 5	upported ▶厂
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga Explain in Part IV how the organize						
	supported organization	meets the 1	and chedills		- organization qua	ιου αυ α ρι	▶
18	Private Foundation If the organization	tion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	▶ □
	ınstructions						 ₹

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

(Complete only if you checked the box on line 9 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	ection A. Public Support	•			, <u>, , , , , , , , , , , , , , , , , , </u>		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,875	2,540	3,309	77,084	106,205	192,013
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,100	1,448	1,214	14,420	21,558	40,806
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,041	3,988	4,523	91,504	127,763	232,819
7a	Amounts included on lines 1, 2,						
b	and 3 received from disqualified persons 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						
С	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						232,819
	from line 6)						
	ction B. Total Support			Т	T	T	
Cale	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	A mounts from line 6	5,041	3,988	4,523	91,504	127,763	232,819
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	5,041	3,988	4,523	91,504	127,763	232,819
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation,
	- Line C. Communication of D. I						
<u>Se</u>	ection C. Computation of Pub Public Support Percentage for 201			1.3 column (f))		145	100.000.0/
16				13 column (1))		15	100 000 %
	Public support percentage from 20	10 Schedule A, Fa	it III, lille 15			16	100 000 %
Se	ection D. Computation of Inv						
17	Investment income percentage for	2011 (line 10c col	umn (f) divided b	y line 13 column	(f))	17	0 %
18	Investment income percentage fro	m 2010 Schedule A	, Part III, line 1	7		18	
19a	33 1/3% support tests—2011. If the more than 33 1/3% check this box						line 17 is not ▶✓

33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93492320040202

OMB No 1545-0047

Political Campaign and Lobbying Activities SCHEDULE C (Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Yes

lf the organization	n answered "Yes,"	' to Form 990, Part I	V, Line 3, or Form	990-EZ, Part V, line	e 46 (Political Campaign	Activities),
then						

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Did the filing organization file Form 1120-POL for this year?

Named	of the	organizatio	n
SLOW FO	OOD IN	THE TETONS	INC

Department of the Treasury

Internal Revenue Service

Employer identification number

20-4118866

Part I-A	Complete if	the organization i	s exempt under s	ection 501(c) (<u>or is a section 527</u>	organization.

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours

4

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

f Grassroots lobbying expenditures

Pa	rt II-A	Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	(election
	Check	if the filing organization belongs to a	an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's name	e, address, EIN,
		expenses, and share of excess lobb	ying expenditures)		_	·	
3 (Check	if the filing organization checked box	x A and "limited contro	l" provisions app	ly	Γ	T
	Limits on Lobbying Expenditures					(a) Filing	(b) Affiliated
	(The term "expenditures" means amounts paid or incurred.)					Organization's Totals	Group Totals
_						100013	Totals
		bying expenditures to influence public o	· · · · · ·				
		oying expenditures to influence a legisla		ying)			1
		oying expenditures (add lines 1a and 1b	0)				
d	Otherexe	empt purpose expenditures					
e	Total exe	mpt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying columns	Lobbying nontaxable amount Enter the amount from the following table in both columns					
	If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$5	500,000	20% of the amount on IIr	ne 1e			
	Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	5,000 plus 5% of the excess over \$1,500,000			
	Over \$17,0	00,000	\$1,000,000	000,000			
g	Grassroo	ts nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract	line 1g from line 1a If zero or less, ente	er - 0 -				
		line 1f from line 1c If zero or less, ente					
		an amount other than zero on either lir		organization file	Form 4720 rei	L	
		911 tax for this year?	10 111 01 11110 11, and the	organization me		o o remg	┌ Yes ┌ No
	(Sor	4-Year Avne organizations that made a columns below. See the		ection do not	have to co		ne five
		Lobbying Expe	enditures During	4-Year Avera	ging Period	1	
		Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbyin	g non-taxable amount					
b		g ceiling amount of line 2a, column(e))					
c	Total lol	obying expenditures					
d	Grassro	ots non-taxable amount					
e		ots ceiling amount of line 2d, column (e))					

	edule C (Form 990 or 990-EZ) 2011					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT fi	led F	orm	5768	8
		(;	1)		(b)	
		Yes	No	1	Amour	nt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?]		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo]		
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities? If "Yes," describe in Part IV		No			
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
ar	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	01(c)(5),	or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
	Current year	2a				
	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492320040202

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

<u></u>			
Name of the organization		Employer identification number	
SLOW FOOD IN THE TETONS	INC		
	20	0-4118866	

Identifier	Return Reference	Explanation
		PART 1, LINE 16 OTHER EXPENSES ADVERTISING & PROMOTION 7,300 SUPPLIES 16,578 FOOD STAMP PROGRAM EXPENSE 400 INSURANCE 2,612 OFFICE SUPPLIES 1,935 PERMIT & LICENSE FEES 3,080 PROMOTIONAL MEALS 389 WEB, DUES, SUBSCRIPTIONS 6,888 WORKSHOPS & PROFESSIONAL DEVELOPMENT 229 MISCELLANEOUS 10 PART II, LINE 24 COLUMN A OTHER ASSETS PAYROLL TAX OVERPAYMENT 72 WORK IN PROGRESS - GREENHOUSE 32,225 PART II, LINE 24 COLUMN B OTHER ASSETS WORK IN PROGESS - GREENHOUSE 84,986

Software ID: Software Version:

EIN: 20-4118866

Name: SLOW FOOD IN THE TETONS INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ot her allowances
SUE MUNCASTER 1098 SHADOW LANE Victor,ID 83455	PRESIDENT 6 00	0		
ERIKA ESCHHOLZ 10401 S 1750 W Victor,ID 83455	VICE PRESIDENT 1 00	0		
STEVE MICHEL PO BOX 1901 Wilson, WY 83014	TREASURER 10 00	5,000		
MARTHA BERKESCH PO BOX 1968 Jackson,WY 83001	SECRETARY 1 00	0		
TYE TILT PO BOX 766 Driggs,ID 83422	DIRECTOR 1 00	0		
JEN WERLIN 177 ALPINE TRAIL Victor,ID 83455	DIRECTOR 1 00	0		
AUDREY SMITH PO BOX 196 Wilson, WY 83014	DIRECTOR 1 00	0		
ROSS KAMENS 4540 2000 W Victor,ID 83455	DIRECTOR 3 00	0		
SUZANNE KNIGHTON 7901 SPOON CREEK DRIVE Victor,ID 83455	DIRECTOR 1 00	0		