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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning and ending

Form header section containing: C Name of organization (FOOD RESEARCH AND ACTION CENTER), D Employer identification number (23-7200739), E Telephone number (202-986-2200), G Gross receipts (\$ 7,003,897), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), I Tax-exempt status (501(c)(3)), J Website (WWW.FRAC.ORG), K Form of organization (Corporation), L Year of formation (1972), M State of legal domicile (NY).

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission (SEE PART III, LINE 1). 2. Check this box if discontinued operations. 3-7. Governance statistics. 8-12. Revenue (Prior Year vs Current Year). 13-19. Expenses (Prior Year vs Current Year). 20-22. Net Assets or Fund Balances (Beginning vs End of Year).

Part II Signature Block

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

Signature of officer: JAMES D. WEILL, PRESIDENT. Date: 11/15/12.

Preparer information: DAVID F. GRAVINE CPA, GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930. Date: 11-14-12. PTIN: P00366995. Firm's EIN: 52-1392008. Phone no. (301) 951-9090.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED DEC 27 2012

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission

FRAC WORKS TO IMPROVE PUBLIC POLICIES AND PUBLIC-PRIVATE PARTNERSHIPS TO ERADICATE HUNGER AND UNDERNUTRITION IN THE UNITED STATES. FRAC CONDUCTS RESEARCH AND STUDIES IN THE FIELD OF HUNGER, NUTRITION AND ANTI-HUNGER AND ANTIPOVERTY POLICY; PROVIDES (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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 and section 4947(a)(1) trusts 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 \$ 1,649,518. including grants of \$ ) (Revenue \$ 133,443.)

CHILD NUTRITION: FRAC SEEKS TO REDUCE CHILDHOOD HUNGER, IMPROVE NUTRITION, IMPROVE FOOD SECURITY AND ECONOMIC SECURITY, IMPROVE HEALTH AND SCHOOL ACHIEVEMENT, AND USE CHILD NUTRITION PROGRAMS TO SUPPORT SERVICES FOR SCHOOL-AGED CHILDREN IN COMMUNITIES ACROSS THE COUNTRY. FRAC WORKS WITH LOCAL, STATE, AND NATIONAL GROUPS TO ASSURE THAT AS MANY ELIGIBLE CHILDREN AS POSSIBLE ARE ENROLLED IN PROGRAMS SUCH AS SCHOOL BREAKFAST, SCHOOL LUNCH, THE SUMMER FOOD PROGRAM, AND AFTERSCHOOL NUTRITION PROGRAMS, AND THAT THE FOOD SERVED IS AS NUTRITIOUS AS POSSIBLE. FRAC PROVIDES RESEARCH, PUBLIC POLICY, ADVOCACY, ANALYSIS, TRAINING, TECHNICAL ASSISTANCE, AND MATERIALS.

4b (Code ) (Expenses \$ 1,617,625. including grants of \$ 1,617,625.) (Revenue \$ )

REGRANTING: FRAC PROVIDES GRANTS TO VARIOUS STATE, LOCAL AND NATIONAL PARTNER 501(C)(3) GROUPS AND PUBLIC AGENCIES TO ENSURE THAT FOOD STAMPS AND CHILD NUTRITION PROGRAMS BETTER SERVE LOW-INCOME PEOPLE.

4c (Code ) (Expenses \$ 756,273. including grants of \$ ) (Revenue \$ 62,682.)

FOOD STAMP PROGRAM: FRAC WORKS WITH NATIONAL, STATE AND LOCAL GROUPS TO PROTECT AND IMPROVE SNAP/FOOD STAMP BENEFITS FOR LOW-INCOME PEOPLE. THROUGH RESEARCH, PUBLIC POLICY ADVOCACY, TRAINING, TECHNICAL ASSISTANCE, AND DISSEMINATION OF INFORMATION, ANALYSIS, AND DESCRIPTIONS OF MODEL APPROACHES, FRAC ASSISTS IN GETTING SNAP/FOOD STAMP BENEFITS TO ELIGIBLE, NEEDY FAMILIES WITH CHILDREN, IMMIGRANTS, SENIORS, UNEMPLOYED PERSONS AND OTHER LOW-INCOME PEOPLE.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,503,751. including grants of \$ 25,950.) (Revenue \$ 19,788.)

4e Total program service expenses 5,527,167.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
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	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O.		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	X	
<b>15b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **RICHARD RYANS - 202-986-2200**  
**1875 CONNECTICUT AVE. NW, SUITE 540, WASHINGTON, DC 20009**

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES D. WEILL PRESIDENT	40.00	X		X			169,288.	0.	19,820.	
(2) MATTHEW E. MELMED CHAIR	2.00	X		X			0.	0.	0.	
(3) RONALD F POLLACK TREASURER	2.00	X		X			0.	0.	0.	
(4) GEORGE L. BLACKBURN BOARD MEMBER	2.00	X					0.	0.	0.	
(5) CAROLYN C. CAVICCHIO BOARD MEMBER	2.00	X					0.	0.	0.	
(6) DAN GLICKMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(7) ALISON DERSOFI GOLDBERG BOARD MEMBER	2.00	X					0.	0.	0.	
(8) CLINTON LYONS BOARD MEMBER	2.00	X					0.	0.	0.	
(9) MARSHALL L. MATZ BOARD MEMBER	2.00	X					0.	0.	0.	
(10) NORMAN ROSENBERG BOARD MEMBER	2.00	X					0.	0.	0.	
(11) MARION STANDISH BOARD MEMBER	2.00	X					0.	0.	0.	
(12) ALAN J. STONE BOARD MEMBER	2.00	X					0.	0.	0.	
(13) JUDITH H. WHITTLESEY BOARD MEMBER	2.00	X					0.	0.	0.	
(14) MICHAEL J. WILSON BOARD MEMBER	2.00	X					0.	0.	0.	
(15) DAGMAR FARR BOARD MEMBER	2.00	X					0.	0.	0.	
(16) LOUISE HILSEN BOARD MEMBER	2.00	X					0.	0.	0.	
(17) CHRISTINE COLLINS CHIEF OF STAFF	40.00				X		138,764.	0.	16,018.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELLEN VOLLINGER LEGAL/FOOD STAMP DIR.	40.00					X		132,430.	0.	21,336.
(19) PATRICK YOUNGBLOOD DIRECTOR OF DEVELOPMENT	40.00					X		121,294.	0.	17,072.
(20) ELLEN TELLER DIR. GOVT. AFFAIRS	40.00					X		119,461.	0.	31,682.
(21) RITA DOHERTY DIR. OF ADMINISTRATION	40.00					X		111,077.	0.	23,503.
<b>1b Sub-total</b>								792,314.	0.	129,431.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								792,314.	0.	129,431.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	173,350.				
	d Related organizations	1d	368,442.				
	e Government grants (contributions)	1e	124,883.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	601,324.				
	g Noncash contributions included in lines 1a-1f \$						
	h <b>Total.</b> Add lines 1a-1f		667,997.				
	<b>Program Service Revenue</b>	2 a CONFERENCE	Business Code 900099	215,846.	215,846.		
		b PUBLICATIONS	900099	67.	67.		
c							
d							
e							
f All other program service revenue							
g <b>Total.</b> Add lines 2a-2f			215,913.				
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)		2,110.			2,110.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	12,944.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	12,944.				
	d Net rental income or (loss)		12,944.			12,944.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 173,350. of contributions reported on line 1c). See Part IV, line 18	a	79,180.				
		b Less: direct expenses	75,774.				
c Net income or (loss) from fundraising events			3,406.			3,406.	
9 a Gross income from gaming activities See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
11 a MISCELLANEOUS	Business Code 900099	13,833.			13,833.		
	b						
	c						
	d All other revenue						
	e <b>Total.</b> Add lines 11a-11d		13,833.				
12 <b>Total revenue.</b> See instructions.		692,812.	215,913.	0.	32,293.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,643,575.	1,643,575.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	189,108.	121,029.	30,257.	37,822.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,349,273.	1,913,390.	107,764.	328,119.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	95,015.	77,963.	3,982.	13,070.
9 Other employee benefits	398,201.	321,151.	20,344.	56,706.
10 Payroll taxes	177,787.	142,696.	9,537.	25,554.
11 Fees for services (non-employees)				
a Management				
b Legal	1,718.	1,337.	154.	227.
c Accounting	19,497.	15,168.	1,752.	2,577.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	409,448.	397,455.	3,394.	8,599.
12 Advertising and promotion				
13 Office expenses	129,971.	119,280.	2,011.	8,680.
14 Information technology				
15 Royalties				
16 Occupancy	424,174.	339,265.	15,676.	69,233.
17 Travel	104,458.	101,020.	1,453.	1,985.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	210,334.	210,049.	122.	163.
20 Interest	19.		19.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,017.	12,427.	478.	2,112.
23 Insurance	3,198.	2,647.	102.	449.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIP. RENTAL &amp; MAINT.</u>	61,756.	52,767.	1,660.	7,329.
b <u>REFERNCE MATERIALS</u>	37,469.	33,496.	722.	3,251.
c <u>MISCELLANEOUS</u>	13,983.	9,187.	3,346.	1,450.
d <u>INTERNS</u>	6,522.	6,522.		
e All other expenses	7,931.	6,743.	707.	481.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,298,454.	5,527,167.	203,480.	567,807.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	3,647,149.	1	4,961,009.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,097,000.	3	1,727,511.
	4	Accounts receivable, net	1,343.	4	101,462.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	35,415.	9	38,473.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 193,501.		
	b	Less: accumulated depreciation	10b 150,435.	10c	43,066.
	11	Investments - publicly traded securities		11	
	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	839,001.	15	357,106.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,658,646.	16	7,228,627.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	405,349.	17	344,752.
	18	Grants payable		18	
	19	Deferred revenue	33,459.	19	37,776.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	40,924.	25	37,516.
	26	<b>Total liabilities.</b> Add lines 17 through 25	479,732.	26	420,044.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	839,263.	27	1,466,701.
	28	Temporarily restricted net assets	5,339,651.	28	5,341,882.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	6,178,914.	33	6,808,583.	
34	<b>Total liabilities and net assets/fund balances</b>	6,658,646.	34	7,228,627.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,928,123.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,298,454.
3	Revenue less expenses Subtract line 2 from line 1	3	629,669.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,178,914.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,808,583.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

Form 990 (2011)

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

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. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**FOOD RESEARCH AND ACTION CENTER**

Employer identification number

**23-7200739**

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,305,870.	2,793,748.	3,845,464.	8,221,848.	6,679,917.	24,846,847.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,305,870.	2,793,748.	3,845,464.	8,221,848.	6,679,917.	24,846,847.
<b>5</b> 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)						9,344,865.
<b>6 Public support.</b> Subtract line 5 from line 4						15,501,982.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	3,305,870.	2,793,748.	3,845,464.	8,221,848.	6,679,917.	24,846,847.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,316.	23,526.	1,001.	11,277.	15,053.	99,173.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					3,406.	3,406.
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,024.	4,218.	6,420.	47,443.	13,833.	80,938.
<b>11 Total support.</b> Add lines 7 through 10						25,030,364.
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	897,201.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	61.93 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	63.26 %
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 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

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



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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 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.
- 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, Part V, line 35c (Proxy Tax), then

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

Name of organization **FOOD RESEARCH AND ACTION CENTER** Employer identification number **23-7200739**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 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?  Yes  No
- 4a Was a correction made?  Yes  No
- 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).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 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) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	25,983.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	149,377.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	175,360.													
<b>d</b>	Other exempt purpose expenditures	6,123,094.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	6,298,454.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	464,923.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	116,231.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	313,409.	326,180.	366,206.	464,923.	1,470,718.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					2,206,077.
<b>c</b>	Total lobbying expenditures	125,261.	156,479.	175,360.	457,100.	
<b>d</b>	Grassroots nontaxable amount	78,352.	81,545.	91,552.	116,231.	367,680.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					551,520.
<b>f</b>	Grassroots lobbying expenditures	52,036.	48,946.	25,983.	126,965.	

Schedule C (Form 990 or 990-EZ) 2011

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011**  
Open to Public Inspection

Name of the organization

**FOOD RESEARCH AND ACTION CENTER**

Employer identification number

**23-7200739**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   |                                 |
| b Total acreage restricted by conservation easements   |                                 |
| c Number of conservation easements on a certified historic structure included in (a)   |                                 |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                                 |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

- by
- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		81,601.	61,571.	20,030.
d Equipment		91,900.	73,338.	18,562.
e Other		20,000.	15,526.	4,474.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				43,066.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	37,516.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,928,123.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,298,454.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	629,669.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	629,669.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,928,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,928,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,928,123.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,388,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	89,892.
e	Add lines 2a through 2d	2e	89,892.
3	Subtract line 2e from line 1	3	6,298,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,298,454.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD**

**(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR**

**REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31,**

**2011, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC**

**740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR**

**EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. THE**

**FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS**

**SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR**

**Part XIV** Supplemental Information (continued)

THREE YEARS AFTER IT IS FILED.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES INCLUDED ON CONSOLIDATED  
FINANCIAL STATEMENTS BUT REMOVED FOR 990 REPORTING

Lined area for supplemental information.



## Supplemental Information Regarding Fundraising or Gaming Activities

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

Name of the organization **FOOD RESEARCH AND ACTION CENTER** Employer identification number **23-7200739**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<b>ANNUAL DINNER</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1	Gross receipts	252,530.		252,530.
	2	Less: Charitable contributions	173,350.		173,350.
	3	Gross income (line 1 minus line 2)	79,180.		79,180.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	75,774.		75,774.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 75,774 )
	11	Net income summary. Combine line 3, column (d), and line 10			3,406.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain. \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**FOOD RESEARCH AND ACTION CENTER**

Employer identification number  
**23-7200739**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNE ARUNDEL COUNTY PUBLIC SCHOOLS 2666 RIVA RD., SUITE 100 ANNAPOLIS, MD 21401		GOV'T	22,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
APPLESEED FOUNDATION 727 15TH ST., NW, 11TH FLOOR WASHINGTON, DC 20005	52-1835698	501(C)(3)	30,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
ARKANSAS HUNGER RELIEF ALLIANCE 1400 W. MARKHAM, STE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	70,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	58-1376648	501(C)(3)	35,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
BALTIMORE COUNTY PUBLIC SCHOOLS 1946-R GREENSPRING DRIVE BALTIMORE, MD 21093		GOV'T	15,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
BAYLOR UNIVERSITY ONE BEAR PLACE #97120 WACO, TX 76798	74-1159753	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

54.  
1.

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

Schedule I (Form 990) (2011)

**FOOD RESEARCH AND ACTION CENTER**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BD. OF ED. CITY OF CHICAGO 125 S. CLARK ST., 14TH FLOOR CHICAGO, IL 60603		GOVT	35,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CA HUNGER ACTION COALITION 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CALIFORNIA ASSOC. OF FOOD BANKS 1611 TELEGRAPH AVE., SUITE 830 OAKLAND, CA 94612	68-0392816	501(C)(3)	75,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CALIFORNIA FOOD POLICY ADVOCATE 436 14TH ST., SUITE 1220 OAKLAND, CA 94612	94-3163142	501(C)(3)	30,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CENTER CITY PUBLIC CHARTER SCHOOL 7 NEW YORK AVENUE, NE WASHINGTON, DC 20002	26-1255738	501(C)(3)	9,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CENTER FOR CIVIL JUSTICE 320 SOUTH WASHINGTON 2ND FL SAGINAW, MI 48607	91-1939768	501(C)(3)	75,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CENTER FOR FOOD ACTION IN NEW JERSEY - 192 W. DEMARST AVENUE - ENGLEWOOD, NJ 7631	22-2189072	501(C)(3)	30,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DRIVE - AUSTIN, TX 78752	74-2898197	501(C)(3)	55,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CHILDREN'S ALLIANCE 2017 E. SPRUCE SEATTLE, WA 98122	91-0982879	501(C)(3)	40,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY

**FOOD RESEARCH AND ACTION CENTER**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ALLIANCE OF NEW HAMPSHIRE - 2 DELTA DR., SUITE 201 - CONCORD, NH 3301	22-2936618	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
CHILDREN'S HUNGER ALLIANCE 370 S. FIFTH STREET COLUMBUS, OH 43215	23-7303509	501(C)(3)	37,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
DC PUBLIC LIBRARY FOUNDATION 901 G ST., NW #200 WASHINGTON, DC 20001	52-1481008	501(C)(3)	7,775.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
DIVISION OF FOOD & NUTRITION SERVICES - 16644 CRABBS BRANCH WAY - ROCKVILLE, MD 20855	501(C)(3)	501(C)(3)	7,500.	0.		BREAKFAST IN THE CLASSROOM IMPLEMENTATION	
END HUNGER CONNECTICUT! INC. 65 HUNGERFORD STREET HARTFORD, CT 6106	06-1545835	501(C)(3)	37,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
FLORIDA IMPACT 1331 EAST LAFAYETTE STREET #A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	45,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
FOOD BANK FOR NYC 39 BROADWAY, 10TH FLOOR NEW YORK CITY, NY 10006	13-3179546	501(C)(3)	20,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
FREDERICK COUNTY SCHOOLS 33 THOMAS JOHNSON DRIVE FREDERICK, MD 21048	GOV'T		7,173.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY

**FOOD RESEARCH AND ACTION CENTER**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PHILADELPHIA COALITION 1725 FAIRMONT AVE., UNIT 102 PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
HOWARD COUNTY PUBLIC SCHOOL SYSTEM 10910 ROUTE 108 ELLICOTT CITY, MD 21042		GOV'T	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
HUNGER FREE COLORADO 2222 S. ALBION ST., SUITE 360 DENVER, CO 80222	68-0551464	501(C)(3)	80,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
HUNGER FREE VERMONT 38 EASTWOOD DRIVE SOUTH BURLINGTON, VT 5403	03-0336357	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET, SUITE 420 ST. PAUL, MN 55103	36-3567366	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST, 2ND FL ALBANY, NY 12205	22-2954760	501(C)(3)	65,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
HUNGER TASK FORCE - ANONYMOUS RE-GRANT CHECK - 201 S. HAWLEY COURT - MILWAUKEE, WI 53214	39-1345847	501(C)(3)	12,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
IDAHO HUNGER RELIEF TASK FORCE 125 E. 50TH ST. GARDEN CITY, ID 83714	82-0297631	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
ILLINOIS HUNGER COALITION 205 WEST MONROE, SUITE 310 CHICAGO, IL 60606	37-1251831	501(C)(3)	80,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY

**FOOD RESEARCH AND ACTION CENTER**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST HARVEST 16 TERMINAL WAY PITTSBURGH, PA 15219	25-1555571	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
KINGSLEY HOUSE 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
KIPP DC 1003 K STREET, NW WASHINGTON, DC 20001	74-2974642	501(C)(3)	13,500.	0.			BREAKFAST IN THE CLASSROOM IMPLEMENTATION
MASSACHUSETTS LAW REFORM INSTITUTE 99 CHAUNCY STREET BOSTON, MA 2111	04-6004303	501(C)(3)	50,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
MINNESOTA FOOD SHARE 1001 EAST LAKE STREET MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
MISSOURI ASSOCIATION OF SOCIAL WELFARE - 606 E. CAPITOL AVENUE - JEFFERSON CITY, MO 65101	44-0547548	501(C)(3)	27,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
NEBRASKA APPELSEED CENTER FOR LAW IN THE PUBLIC INTEREST - 941 'O' STREET, SUITE 920 - LINCOLN, NE 68508	47-0798343	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
NEW JERSEY ANTI-HUNGER COALITION 192 W. DEMAREST AVENUE ENGLEWOOD, NJ 7631	22-2189072	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
NEW YORK CITY COALITION AGAINST HUNGER - 50 BROAD ST., SUITE 1520 - NEW YORK, NY 10004	13-3471350	501(C)(3)	35,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY



**FOOD RESEARCH AND ACTION CENTER**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUTRITION CONSORTIUM OF NY STATE 14 COMPUTER DRIVE EAST ALBANY, NY 12205	22-2954760	501(C)(3)	30,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
OHIO ASSOC OF SECOND HARVEST FOOD BANKS - 51 N. HIGH STREET, SUITE#761 - COLUMBUS, OH 43215	34-1677838	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
PARTNERS FOR A HUNGER-FREE OREGON 712 SE HAWTHORNE BLVD PORTLAND, OR 97214	20-4970868	501(C)(3)	17,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
PARTNERSHIP FOR CHILDREN AND YOUTH 1611 TELEGRAPH AVE. OAKLAND, CA 94612	14-1785932	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
PENNSYLVANIA HUNGER ACTION CENTER P.O. BOX 652 ENOLA, PA 17205	23-2076130	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
PREBLE STREET PO BOX 1459 PORTLAND, ME 4104	01-0418917	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
TEXAS ASSOCIATION OF SECOND HARVEST - 2001 BEACH STREET, SUITE 630 - FORT WORTH, TX 76103	74-2762542	501(C)(3)	70,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
TEXAS FOOD BANK NETWORK 2001 BEACH STREET, SUITE 630 FORT WORTH, TX 76103	74-2762542	501(C)(3)	15,000.	0.			INCREASING PARTICIPATION IN AFTERSCHOOL AND SUMMER NUTRITION PROGRAMS
UTAHNS AGAINST HUNGER 455 EAST 400 SOUTH SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BLVD. #208 LOS ANGELES CA 90010	95-2897721	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
WILLIAM DOAR JR. PUBLIC CHARTER SCHOOL - 705 EDGEWOOD STREET, NE - WASHINGTON, DC 20019	20-0808358	501(C)(3)	12,704.	0.			BREAKFAST IN THE CLASSROOM IMPLEMENTATION
Y OF CENTAL MARYLAND 1609 DRUID HILL AVE., 3RD FL BALTIMORE, MD 21217	52-0591699	501(C)(3)	7,600.	0.			GENERAL SUPPORT FOR NUTRITION PROGRAM ADVOCACY
FRAC ACTION COUNCIL 1875 CONNECTICUT AVE. NW #540 WASHINGTON DC 20009	26-2010517	501(C)(4)	115,000.	0.			LOBBYING GRANT

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REQUESTS AND RECEIVES A REPORT AT THE END OF THE GRANT PERIOD. THE ORGANIZATION ALSO WORKS WITH THE GRANTEEES ON AN ONGOING BASIS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**FOOD RESEARCH AND ACTION CENTER**

Employer identification number

**23-7200739**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing 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. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	<input checked="" type="checkbox"/>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>	<input checked="" type="checkbox"/>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III</p>	<b>5b</b>	<input checked="" type="checkbox"/>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<input checked="" type="checkbox"/>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	<input checked="" type="checkbox"/>								
<p><b>8</b> Were any amounts reported in 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</p>	<b>8</b>	<input checked="" type="checkbox"/>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

Schedule J (Form 990) 2011

**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 in 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 are not 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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES D. WEILL	(i)	169,288.	0.	10,434.	9,386.	189,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 CHRISTINE COLLINS	(i)	138,764.	0.	6,595.	9,423.	154,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 ELLEN VOLLINGER	(i)	132,430.	0.	8,181.	13,155.	153,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 ELLEN TELLER	(i)	119,461.	0.	7,668.	24,014.	151,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

FOOD RESEARCH AND ACTION CENTER

Employer identification number  
23-7200739

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

PUBLICATIONS, BEST PRACTICES, TRAINING AND TECHNICAL ASSISTANCE TO  
INDIVIDUALS AND GROUPS REGARDING THE INCIDENCE OF, AND CAUSES OF,  
HUNGER AND FOOD INSECURITY, AND REGARDING FEDERAL, STATE, AND LOCAL  
GOVERNMENTAL AND PRIVATE PROGRAMS TO REDUCE HUNGER AND FOOD INSECURITY  
AND IMPROVE NUTRITION; DISSEMINATES INFORMATION TO NATIONAL, STATE AND  
LOCAL GOVERNMENT OFFICIALS, PUBLIC AND PRIVATE NON-PROFIT SERVICE  
PROVIDERS AND ADVOCACY ORGANIZATIONS, THE MEDIA AND THE GENERAL PUBLIC;  
ENGAGES IN PUBLIC POLICY ADVOCACY; AND PROVIDES COUNSEL TO INDIGENT  
PERSONS AND GROUPS WITH REGARD TO NUTRITION PROBLEMS. FRAC IS SUPPORTED  
PRIMARILY BY GRANTS FROM FOUNDATIONS.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

MARYLAND HUNGER SOLUTIONS: FRAC'S MARYLAND PROJECT IS DEDICATED TO  
FIGHTING HUNGER AND IMPROVING THE NUTRITION, HEALTH AND WELL-BEING OF  
LOW-INCOME PEOPLE IN MARYLAND THROUGH ADVOCACY, OUTREACH, TRAINING,  
POLICY ANALYSIS, TECHNICAL ASSISTANCE, PARTNERSHIPS, AND DISSEMINATION  
OF MATERIALS.

EXPENSES \$ 723,977. INCLUDING GRANTS OF \$ 24,950. REVENUE \$ 0.

D.C. HUNGER SOLUTIONS: FRAC'S DISTRICT OF COLUMBIA PROJECT IS DEDICATED  
TO FIGHTING HUNGER AND IMPROVING THE NUTRITION, HEALTH AND WELL-BEING  
OF LOW-INCOME PEOPLE IN THE DISTRICT OF  
COLUMBIA THROUGH ADVOCACY, OUTREACH, TRAINING, POLICY ANALYSIS,  
TECHNICAL ASSISTANCE, PARTNERSHIPS, AND DISSEMINATION OF MATERIALS.

EXPENSES \$ 534,959. INCLUDING GRANTS OF \$ 1,000. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization

FOOD RESEARCH AND ACTION CENTER

Employer identification number

23-7200739

EARLY CHILD NUTRITION: THROUGH RESEARCH, PUBLIC POLICY ADVOCACY, TECHNICAL ASSISTANCE, TRAINING AND DISTRIBUTION OF MATERIALS TO LOCAL, STATE, AND NATIONAL ORGANIZATIONS, FRAC WORKS TO REDUCE HUNGER, IMPROVE NUTRITION, AND THEREBY IMPROVE THE FOOD SECURITY, ECONOMIC SECURITY, HEALTH, DEVELOPMENT, SCHOOL READINESS AND WELL-BEING OF INFANTS AND PRESCHOOLERS.

EXPENSES \$ 244,815. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,788.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ORGANIZATION'S PRESIDENT, ACCOUNTANT AND CHIEF OF STAFF. A COPY WAS THEN SENT TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO MAKE FULL DISCLOSURE OF ANY ECONOMIC INTERESTS THAT THEY HAVE DURING BOARD MEETINGS. THE OTHER MEMBERS OF THE BOARD EVALUATE THE INTEREST AND ACT AS A CHECK AGAINST ANY INAPPROPRIATE IMPACT ON THE BOARD'S DECISION MAKING-PROCESS. IN THE EVENT OF A CONFLICT ARISING THE EFFECTED DIRECTOR WOULD REFRAIN FROM VOTING ON THE RELATED MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A: WHEN DETERMINING THE SALARY OF FRAC'S PRESIDENT, FRAC'S BOARD CHAIR INCLUDES A REVIEW OF TOP MANAGEMENT SALARIES IN LIKE ORGANIZATIONS. THE SALARY DECISION AND DETERMINING FACTORS ARE DOCUMENTED IN WRITING. ONCE COMPLETED, THE CHAIR PROVIDES HR WITH THE DOCUMENTATION FOR IMPLEMENTING THE SALARY INCREASE. THE LAST COMPENSATION REVIEW TOOK PLACE IN FEBRUARY, 2011.

Name of the organization

FOOD RESEARCH AND ACTION CENTER

Employer identification number

23-7200739

FRAC'S PRESIDENT DETERMINES SALARIES OF SENIOR MANAGEMENT STAFF. HERE TOO,  
 A MARKET REVIEW OF COMPARABILITY DATA IS AMONG THE DETERMINING FACTORS.  
 ONCE A DETERMINATION IS MADE, THE PRESIDENT SHARES THIS WITH HR FOR  
 IMPLEMENTING THE SALARY INCREASE. ALL DOCUMENTATION PERTAINING TO AN  
 INDIVIDUAL'S SALARY INCREASE IS KEPT IN THAT PERSON'S PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
 AVAILABLE TO THE PUBLIC UPON REQUEST.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

Employer identification number  
**23-7200739**

**FOOD RESEARCH AND ACTION CENTER**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRAC ACTION COUNCIL - 26-2010517 1875 CONNECTICUT AVE, NW, SUITE 540 WASHINGTON, DC 20009	PROMOTE SOCIAL WELFARE	DISTRICT OF COLUMBIA	501(C)(4)	N/A	FRAC		X

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allo- cations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Sale of assets to related organization(s)
  - g Purchase of assets from related organization(s)
  - h Exchange of assets with related organization(s)
  - i Lease of facilities, equipment, or other assets to related organization(s)
  - j Lease of facilities, equipment, or other assets from related organization(s)
  - k Performance of services or membership or fundraising solicitations for related organization(s)
  - l Performance of services or membership or fundraising solicitations by related organization(s)
  - m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - n Sharing of paid employees with related organization(s)
  - o Reimbursement paid to related organization(s) for expenses
  - p Reimbursement paid by related organization(s) for expenses
  - q Other transfer of cash or property to related organization(s)
  - r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) FRAC ACTION COUNCIL	C	368,442.CASH			X
(2) FRAC ACTION COUNCIL	N	66,878.TIMESHEET & PROG. SUP. ALLOCATION			X
(3) FRAC ACTION COUNCIL	P	12,666.BASED ON TIMESHEETS			X
(4) FRAC ACTION COUNCIL	B	115,000.LOBBYING EXPENSES			X
(5)					X
(6)					X



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Lined area for supplemental information.