

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

B Once it appointance		A F	or the	2013 calendar year, or tax year beginning , 2013, and ending			, 20
Name charge Name		Вс	Check if a	oplicable: C Name of organization	D Empl	oyer ide	entification number
International Professional P		᠒᠈	Address o	hange Trees That Feed Foundation		20	5-2780427
Terrementated materials 1323169985 F Group Exemption Agradication pending Minnetika, It. \$6083-3717 G Accounting Mathod: Cash Accrual Other (specify)		mi .		, , , , , , , , , , , , , , , , , , , ,	E Telep	hone nu	ımber
Anomater about Ano				I 1200 Hill Road		31	23150955
Accelerating Methods: Cash Accrual Other (specify) Hoher Ho				City or town, state or province, country, and ZIP or foreign postal code	F Grou		
G Accounting Method: □ Cash □ Accorual Other (specify) ► □ H Check ► □ if the organization is not required to attach Schedule B I Websites ► treesthatfeed.org J Taxe-warmyt status (check orly one) □ 501(c)(3) □ 501(c)(1) ▼ (specify) □ √ (•	· ·
Website:		G A	ccoun		heck I	▶ 🔲 if	the organization is not
K Form of organization:				treesthatfeed.org			_
K Form of organization:		J T	ax-exer	not status (check only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (final true of the characters)	Form 99	90, 990	-EZ, or 990-PF).
Pearl II. column (8) below) are \$500,000 or more, file Form 980 instead of Form 990-EZ. Section Sect							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I I contributions, gifts, grants, and similar amounts received. I contributions, gifts, grants, and similar amounts received. I tontributions, gifts, grants, and similar amounts received. I tontributions gifts, grants, and similar amounts received. I tontributions grants and sales essented than inventory. I to grants and sundraising events and sales expenses. I to gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). I to grants income from sale of assets other than inventory (Subtract line 5b from line 5a). I to grants income from gaming (attach Schedule G if greater than \$15,000). I to grants income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of c		LA	dd line	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 1 1 117,522 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 4 Investment income 4 2 2 6 Gross amount from sale of assets other than inventory 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(Par	t II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 1 1 117,522 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 4 Investment income 4 2 2 6 Gross amount from sale of assets other than inventory 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	tions	for Part I)
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent comfactors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year feture) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)							<u> </u>
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gain or (loss) from gaming attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: clirect expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Salaries, other compensation, and employee benefits c Grants and similar amounts payments to independent contractors c Grants paid to or for members c Salaries, other compensation, and employee benefits c Grants and similar amounts payments to independent contractors c Grants paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid (list in Schedule O) c Grants and similar amounts paid			1				
3 Membership dues and assessments 3 4 Investment Income 5a Gross amount from sale of assets other than inventory 5a 5b 5b 5c 6ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6aming and fundraising events 5c 6aming and fundraising events 6a 5b 5c 6aming and fundraising events 6a 5t,000 6a 5t,000 6a 5t,000 6a 5t,000 6a 5t,000 6a 5t,000 6c 5t,000 6t,000 6t			2		1	2	
A Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Other revenue (describe in Schedule O) 7c Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7d Grants and similar amounts paid (list in Schedule O) 10 117,722 118 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 3 362 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200 20 Other changes in net assets or fund balances (explain in Schedule O)			3	· · · · · · · · · · · · · · · · · · ·		3	
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			4	·		4	2
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5a	Gross amount from sale of assets other than inventory 5a	Ì		
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			ь				
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances			C			5c	
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 3ez 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Fronting, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)			6				
\$15,000) b Gross income from fundraising events (not including \$			a				
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 117,524 10 Grants and similar amounts paid (list in Schedule O) 10 71,722 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 11 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 506 Other expenses (describe in Schedule O) 16 1,556 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200		ge		A	ļ	.	
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 117,524 10 Grants and similar amounts paid (list in Schedule O) 10 71,722 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 11 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 506 Other expenses (describe in Schedule O) 16 1,556 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200		'en	ь		;		
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 117,524 10 Grants and similar amounts paid (list in Schedule O) 10 71,722 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 11 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 506 Other expenses (describe in Schedule O) 16 1,556 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200		₹e,					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200 10 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		-					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Total revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200 20 Other changes in net assets or fund balances (explain in Schedule O).			С	Less: direct expenses from gaming and fundraising events 6c			
Ta Gross sales of inventory, less returns and allowances	7		d		tract		
Ta Gross sales of inventory, less returns and allowances	20				[6d	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent comfractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 77,200 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)			7a	Gross sales of inventory, less returns and allowances	- 1		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)	Z					7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)	\equiv		8			8	
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Occupancy, rent, utilities, and maintenance 22 III 23 Occupancy, rent, utilities, and maintenance 24 Occupancy, rent, utilities, and maintenance 25 III 26 Occupancy, rent, utilities, and maintenance 26 III 27 Occupancy, rent, utilities, and maintenance 27 Occupancy, rent, utilities, and maintenance 28 III 29 Occupancy, rent, utilities, and maintenance 30 Occupancy, rent, utilities, and other payments to independent contractors 30 Occupancy, rent, utilities, and other payments to independent contractors 30 Occupancy, rent, utilities, and other payments to independent contractors 30 Occupancy, rent, utilities, and other payments to independent contractors 30 Occupancy, rent, utilities, and other payments to independent contractors 30 Occupancy, rent, utilities, and other payments to independent contractors 30 Occupancy, rent, utilities, and other payments to independent contrac			9	•	. ▶	9	117.524
Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Occupancy, rent, utilities, and maintenance MAY 1 6 2014 14 981 15 506 17 Total expenses. Add lines 10 through 16 17 75,127 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)	山	_	10	Grants and similar amounts paid (list in Schedule O)		10	
Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Occupancy, rent, utilities, and maintenance MAY 1 6 2014 14 981 15 506 17 Total expenses. Add lines 10 through 16 17 75,127 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)	Z :		11	Benefits paid to or for members	[11	
Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Occupancy, rent, utilities, and maintenance MAY 1 6 2014 14 981 15 506 17 Total expenses. Add lines 10 through 16 17 75,127 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)		S	12	Salaries, other compensation, and employee benefits . RECLIVED	[12	
14 Occupancy, rent, utilities, and maintenance	ڻ	TSE.	13	Professional fees and other payments to independent contractors]	13	362
16 Other expenses (describe in Schedule O)	(V)	be		Occupancy, rent, utilities, and maintenance \\(\omega\) . MAY \(\frac{1}{6}\) \(\omega\)	[$\overline{}$	
16 Other expenses (describe in Schedule O)		Ä		Printing hillingstions hostage and shipping 1931	[_	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				Other expenses (describe in Schedule O)	[16	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				Total expenses, Add lines 10 through 16	. ▶ [$\overline{}$	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		-s					
end-of-year figure reported on prior year's return)		šet			with	\top	
20 Other changes in net assets or fund balances (explain in Schedule O)		A.S.			[19	77.200
2 21 Net assets or fund balances at end of year. Combine lines 18 through 20		e r	20	Other changes in net assets or fund balances (explain in Schedule O)	[20	
		Z	i		<u>.</u> ▶ Ì		119,597

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

Pa	rt II Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
00	Cook assisses and investments		-		001	(B) End of year
22	Cash, savings, and investments			77,200		119,597
23 24	Other assets (describe in Schedule O)		}		23 24	
25	Total assets			77,200		110 507
26	Total liabilities (describe in Schedule O)			11,200	26	119,597
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	77,200		119,597
Par						
	Check if the organization used Schedule	•		•	/Ro	Expenses guired for section
Wha	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mones benefited, and other relevant information for ea	anner, describe the			494	anizations and section 7(a)(1) trusts; optional others.)
28	Jamaica- ALCOA 2013 - TTFF supplied 3,500 fruit tree	es to 40 farmers in 8				
	communities. We also supplied equipment for grinding	ng flour and education	n material.			1
	(Grants \$ 25,000) If this amount				28 a	18,145
29	Jamaica - General - Contributions from various dono					
	approximately 240 farmers, with the aid of Jamaica's	rural agricultural de	velopment agency. W	le also supplied		
	equipment and education.	includes fersion are	nto chook horo		20-	
20		includes foreign gra			29a	26,157
30	Haiti - General - Contributions from various donors.		kimately 3,647 fruit ti	ees to		
	orphanages, church groups, schools and street vend	iors.				
	(Grants \$) If this amount	includes foreign gra	ints check here	▶ □	30a	23,788
31	Other program services (describe in Schedule O)				000	23,700
•		includes foreign gra			31a	3,632
32	Total program service expenses (add lines 28a t				32	
Par					stru	
	Check if the organization used Schedule					🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	' 6	Estimated amount of their compensation
Mary	L. McLaughlin, Chair					
1200	Hill Road, Winnetka, IL 60093	16			0	0
S. Mi	chael McLaughlin, Treasurer					
1200	Hill Road, Winnetka, IL 60093	20)	0	0
<u>Paul</u>	D. Virtue, Executive Director					
	Kennebuck Ct, Raleigh, NC 27612	2	<u> </u>)	0	0
	ı Van Vlierbergen, Director					
	th St, Wilmette, IL 60091	2	<u> </u>	<u> </u>	<u> </u>	0
	Kelso, Director					
	tth St, Wilmette, IL 60091			<u> </u>	-	0
	Smith, Director ox Run Dr, Geneva, IL 60134	2			_	0
	y Lyn, Director			<u>'</u>	५	
	Duggan, 26 Trafalgar Road, Kingston 10, Jamaica	2	0		0	0
<u> </u>	Addan, 20 Haraigai Road, Kingston 10, Jamaica				┪-	
					1	
						_
					\perp	
]	1		
			l	I	1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	3 Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			–
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		
	change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			١.,
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	-	<u> </u>
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	i	,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000		<u> </u>
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4		
	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a	_	
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9		j	
	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		[]	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,	1 1		
	4955, and 4958	1 !		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		1
	List the states with which a copy of this return is filed ▶ Illinois			
	The organization of books are in our of the service	312-31		
	Located at ► 1200 Hill Road, Winnetka, IL ZIP + 4 ►	60093		
D	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)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
•	and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	oxdot	/
	If "Yes," enter the name of the foreign country: ► Section 4047(e)(1) represent abortishly trusts filing Form 900 FZ in liqu of Form 1041. Check here			▶ □
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	- 🗆
	and office the unfount of tax oxempt interest foodbroad of aborded during the tax year.		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	$oxed{oxed}$	~
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	\vdash	~
	Did the organization receive any payments for indoor tanning services during the year?	44c	$\vdash \dashv$	
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	ı I	

Form 99	90-EZ (2	013)								P	age 4
							_			Yes	No
46	Did t	he organization engage, directly or in	ndirectly, in political of	ampaign activities	on behalf	of or	in opposit	ion _			
		ndidates for public office? If "Yes,"		<u>, Part I </u>	<u></u>		<u> </u>	<u>. </u>	46		~
Part		Section 501(c)(3) organizations									
		All section 501(c)(3) organization	ns must answer que	estions 47–49b a	nd 52, an	d cor	nplete the	e table	s fo	or line	es
		50 and 51.									_
		Check if the organization used Sc	hedule O to respond	to any question	in this Par	t VI	<u> </u>	<u></u>			<u> </u>
47	Did +	he organization engage in lobbying	activities or have a	saction EO1/b) also	otion in of	faat a	luwina tha	 _		Yes	No
41		file Organization engage in lobbying If "Yes," complete Schedule C, Par		section 50 t(ii) elet			•	- 1	4-		٠.
48	•	organization a school as described							47 48		7
49a		ne organization make any transfers t							10 9а		~
b		s," was the related organization a se							9b		
50		plete this table for the organization's								es an	d kev
		oyees) who each received more than									
			(b) Average	(c) Reportable			penefits,				
	(a)	Name and title of each employee	hours per week	compensation	honost.		o employee and deferred	(e) Estir other		amou pensat	
			devoted to position	(Forms W-2/1099-MI	o o	ompen	sation				
None											
											
					ı		ł				
				-							-
								_			
f	Total	number of other employees paid ov	er \$100,000	. ▶							
51	Com	plete this table for the organization	's five highest compe	ensated independe	ent contra	ctors	who each	receiv	ed !	more	than
	\$100,	000 of compensation from the orga	nization. If there is no	ne, enter "None."				_			
	(a)	Name and business address of each independ	dent contractor	(b) Type of:	service		(c)	Compen	satio	n	
 -						-+					
None				-							
				<u> </u>		\dashv					
				ŀ							
		-									
										_	
						.					
	-		<u> </u>	<u> </u>							
		number of other independent contra			. 	47/-\		<u> </u>			
52		ne organization complete Schedule A kempt charitable trusts must attach			ons and 48	147(a)	(1) 	► 🗹 Y	' es		lo.
Linder ne		of perjury, I declare that I have examined this			ements and	to the b	est of my kno				
true, con	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	rer has any k	nowled	ge.	- micago			
		X/M/WY ILL									
Sign		Signature of officer	.1 ,			Date			<u> </u>		
Here		SEDEN MICHAEL	McLNGHIA	<u>) </u>			5 - 12			<u> </u>	
		y Type or print name and title	Drangrada ala atua		Date			l nr	NI NI		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check C	If PTI	14		
Prepa		Eirm's name				E	SEIN ►				
Use (ווע	Firm's name ► Firm's address ►				Phon					
May th	e IRS	discuss this return with the preparer	r shown above? See i	nstructions			· · · ·	► □ Y	es.		10

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

441116	. VI 110	o gamzadon						- 1'	citibioaet i	aciiliicauo	ii iigiiigei		
		Feed Founda		·				L			780427		
Pa	rt I	Reason 1	for Public Cha	rity Status (All orga	nization	s must c	complete	this pa	rt.) See i	nstruction	ons.		
The			•	ation because it is: (Fo		-	-	•	-				
1		church, con	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).			
2				170(b)(1)(A)(ii). (Attac						•			
3		hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section '	170(b)(1)((A)(iii).				
4			earch organizatione, city, and stat	on operated in conjune:	ction with	n a hospit	al descri	bed in se	ction 17	0(b)(1)(A)	(iii). Enter	the	
5		-	on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit de	scribe	ed in
6 7	☑A	n organizatio	on that normally	nment or government receives a substantia I (A)(vi). (Complete Pai	al part of					nit or fror	n the gen	eral p	ublic
8	ΠA	community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
9	□ A re sı	n organization eceipts from upport from	on that normally activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre- lifter June 30, 1975. Se	an 331/3% ions—sul lated bus	6 of its subject to one siness ta	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no more	e than 331	/3% c	of its
10		n organizatio	on organized and	l operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).			
11	□ A p	n organization	on organized ar one or more pub	nd operated exclusive plicly supported organ describes the type of	ely for th	e benefi describe	t of, to p	perform ti ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). Se		
		☐ Type I		_ ``		-					- tionally into	eorate	ed
_				that the organization					• •		•	_	
·	of		indation manage	ers and other than one									
f				a written determination	on from t	the IRS	that it ie	a Type	I Type	l or Tyr	a III sunr	ortine	~
•		_	check this box.		י וווטווו ווכ		lilat it is	a Type	i, Type	ii, Oi Typ	oe iii supi	JOI III I	,
		•				-:-	 مالد رجالسفس						Ш
g		_		he organization acce	pted any	girt or co	ontributio	m irom a	ny oi the	,			
		ollowing pers									. г	· ·	 _
	(i)			ndirectly controls, eithody of the supported of					describe	d in (ii) a	nd 11g(i)	Yes	No
	(ii	i) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)		
	-		-	a person described in							11g(iii)		
h				ion about the support									
	Name o	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S.?	(vii) Amount sup	of mor	netary
				(000 11101110110110)	Yes	No	Yes	No	Yes	No	1		
A)						-							
B) 											-		
C)											<u> </u>		
D)		-											
E)	-					1							
	_		<u> </u>										

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.)

Secti	on A. Public Support			- <u>' ' </u>	<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,073	19,541	76,990	101,414	117,522	318,540
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_200	1,782	10,670	7,172	2,360	22,184
4	Total. Add lines 1 through 3	3,273	21,323	87,660	108,586	119,882	340,724
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						34,798
6	Public support. Subtract line 5 from line 4.						305,926
	on B. Total Support						303,320
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,273	21,323	87,660	108,586	119,882	340,724
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2	2
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	340,726
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			<u> </u>	• • • • •	<u> </u>	· · • 📙
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6	o, column (f) div	/ided by line 1	1, column (f))		15	89.8 %
15 16a	Public support percentage from 2012 Sch 331/8% support test—2013. If the organiz	redule A, Part I	i, iirie 14 Sheck the boy	 on line 13 and	 line 14 ie 331		88.5 %
IVa	box and stop here . The organization qual						
b	331/3% support test—2012. If the organ	-		-			
-							. ▶ □
17a							
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the eets the "facts	"facts-and-cir -and-circumst	cumstances" ances" test. Ti	test, check th	is box and sto	and line op here. publicly
40							. ▶ 🗀
18	Private foundation. If the organization did instructions						

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.)

Secti	ion A. Public Support	undor the te	Joto Hoted Doi		ompicte i art	11.,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	•	1	<u> </u>			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		ł	1		ł	}
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1			1	
4	Tax revenues levied for the				Ţ <u></u>		
	organization's benefit and either paid					[
	to or expended on its behalf				_		
5	The value of services or facilities						
	furnished by a governmental unit to the			-			
	organization without charge		l				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3				1	1	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3]	}	ļ	
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b			 	 		
8 8	Add lines 7a and 7b		 				
0	line 6.)					1	1
Secti	on B. Total Support		<u> </u>	<u> </u>	L	L	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2010	<u> (6) 2</u> 011	(4) 2012	(6) 2010	(1) 1 Out.
10a	Gross income from interest, dividends,						<u></u> -
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ļ	J	ļ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	_					
	activities not included in line 10b, whether				1		_
	or not the business is regularly carried on						<u> </u>
12	Other income. Do not include gain or						_
	loss from the sale of capital assets						
. -	(Explain in Part IV.)				ļ		
13	Total support. (Add lines 9, 10c, 11,]		ļ		
44	and 12.)		le first sees	d third farmer		nor on a sastis	- FO1(-)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · · 	<u>······</u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
15	Public support percentage for 2013 (line 8			3. column (f)\		15	%
16	Public support percentage from 2012 Sch		-			16	
	on D. Computation of Investment Inc			<u> </u>	· · · · ·	1	
17	Investment income percentage for 2013 (y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2012					18	
19a	331/3% support tests—2013. If the organi						
	17 is not more than 331/2%, check this box						
ь	331/3% support tests - 2012. If the organiz		-			_	
_	line 18 is not more than 331/2%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

orm 990 or 990-EZ) 20	13				Page 4
Supplemental Part III, line 12	Information. Provide Also complete this pa	the explanations rec art for any additional	quired by Part II, line information. (See ins	10; Part II, line 17a o tructions).	
					•
				**	

,					
	·				

••••••					
-					
•••••					
•••••					
	Supplemental Part III, line 12	Supplemental Information. Provide Part III, line 12. Also complete this p	Supplemental Information. Provide the explanations received Part III, line 12. Also complete this part for any additional interest in the supplemental part of the explanations received the part for any additional interest in the part of the explanations received the part of the par	Supplemental Information. Provide the explanations required by Part II, line Part III, line 12. Also complete this part for any additional information. (See ins	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer lacitationadori flambor
Trees That Feed Foundation	
Part 1, Line 10: Grants and similar amounts paid	
Education and seminars: \$121	
Equipment: \$6,308	
Food supplied: \$1,525	
Telephone: \$54	
Travel and lodging: \$7,842	
Trees purchased: \$52,204	
Shipping and brokerage: \$3,668	
Total: \$71,722	
	•
Part 1, Line 16: Other expenses	
Insurance: \$1,122	
Bank charges: \$309	
Duty/tax: \$125	
Total: \$1,556	
Part 3, Line 31: Other program services	
Farts, Line's I. Ouler program services	
Distribution of approximately 432 trees to Puerto Rico: \$3,632	
	······································

Name of the organization Employer identification number	Schedule O (Form 990 or 990-EZ) (2013)	Page 2
	Name of the organization	Employer Identification number
	•	
	•	
	,	·