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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

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

Open to Public Inspection

OMB No 1545-0047

A F	or the	2014 calendar year, or tax year beginning	ind ending	<u> </u>	
В	Check if	C Name of organization		D Employer identific	cation number
	Addre:	FOOD RESEARCH AND ACTION CENTER			
	Name chang	Doing business as		23-7	200739
	Initial return	Number and street (or P.O box if mail is not delivered to street address)	Room/sur	e E Telephone numbe	r
]Final return/	1200 18TH STREET, NW	400	202-	986-2200
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>11,027,686.</u>
L	Ameno	WASHINGTON, DC 20030		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer OAMES D. WEILD		for subordinates	
		SAME AS C ABOVE	 -	H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)	(1) or 52		list (see instructions)
		e: NWW.FRAC.ORG	т	H(c) Group exemption	
		organization: X Corporation	L Yea	ar of formation: 1972 N	State of legal domicile: NY
Pa	art I	Summary	שמגם ק	TTT TTNTD 1	
<u>e</u>	1	Briefly describe the organization's mission or most significant activities $\overline{ ext{SEI}}$	S PARI	III, LINE 1.	
Activities & Governance	2	Check this box I if the organization discontinued its operations or dis	enosed of mo	are than 25% of its net as	eete
ver	-	Number of voting members of the governing body (Part VI, line 1a)	spooda or me	3	15
Ğ	l	Number of independent voting members of the governing body (Part VI, line 1	b)	4	14
δ S	l	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	-,	5	42
ııtıe		Total number of volunteers (estimate if necessary)		6	32
€	ì	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	~~~	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	39	-		Prior Year	Current Year
ø.		Contributions and grants (Part VIII, line 1h)		4,685,871.	10,605,654.
enne		Program service revenue (Part VIII, line 2g)		252,251.	313,087.
96	510	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,913.	1,633.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,763.	26,046.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	4,95 <u>5</u> ,798.	10,946,420.
ANN	13	Grants and similaranoms padd Fait IX, column (A), lines 1-3)	_	2,600,495.	<u>3,534,870.</u>
4	14	Benefits paid to or for members (Part-IX, column (A), line 4)	_	0.	<u> </u>
es.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	3,715,253.	3,701,091.
Expenses	1	Profession affundralsing fees Part IX, column (A), line 11e)		0.	0.
Ϋ́			347.	1 641 200	1 160 506
	17	Other expenses (Partix pulling (A) Tines 11a-11d, 11f-24e)	, ,	1,641,380.	1,460,506.
		Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	-	7,957,128.	8,696,467.
_ <u></u>	19_	Revenue less expenses Subtract line 18 from line 12		_3,001,330.	2,249,953.
ts o			- <u> </u> -	Beginning of Current Year	End of Year
Asse Bala	20	Total assets (Part X, line 16)	\vdash	4,734,695	7,065,633.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtr <u>act line</u> 21 from line 20	-	594,185. 4,140,510.	675,170.
P	22 art II	Signature Block		4,140,510.	0,330,403.
_		Ities of perjury, I declare that I have examined this return, including accompanying sched	dules and state	ments, and to the hest of m	v knowledge and helief it is
		t, and complete Declaration of preparer (other than officer) is based on all information of			y mioritoago ana bollot, it lo
<u></u>					
Sıgı	n -	Signature of officer	1 11	Date	/
Her		JAMES D. WEILL, PRESIDENT James D. U.	kill_		5/15
	_	Type or print name and title		7	
		Print/Type preparer's name, Preparer's signature	COS	Date Check	PTIN
Paid	1	Fric J. Lawrence CA Life		11 13 15 self-employ	
-	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 6501	1		_
		BETHESDA, MD 20814-2930		Phone no (3	
May	the If	S discuss this return with the preparer shown above? (see instructions)	 		X Yes No
4320	01 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instru	ictions.		Form 990 (2014)

Form	990 (2014) FOOD RESEARCH AND ACTION CENTER 23-720	739	_ F	age 🤇
Fai	t IV Checklist of Required Schedules		r	
			Yes	No
1 ,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	}		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	X
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	ļ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ŀ	1	l

Form **990** (2014)

20b

complete Schedule G, Part III

20a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $\,$ H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	<u>No</u>
21 ्	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
L-	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If "Yes," complete			
	Schedule L, Part I	25b		$_{\perp}$ X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_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? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)			3.5
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	_28b		X
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32]	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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35</u> a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:	\ <u>.</u>	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20	, l	
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	X	<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0,1		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	2014

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Form 990 (2014) FOOD RESEARCH AND ACTION CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W 2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	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 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	_		
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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	X	
·	to file Form 8282?	70		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	_	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1	
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O	,		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С				
_	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		_ <u>~</u> _
<u></u>			990	(2014)
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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 or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15								
	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 0.		ĺ						
b	b Enter the number of voting members included in line 1a, above, who are independent 14								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	3 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?	3_		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_					
6	Did the organization have members or stockholders?	6_		<u> X</u>					
7a	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?	7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	<u>8a</u>	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>					
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
_			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
b	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?								
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990	40-	X						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b							
C	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	14							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
h	Other officers or key employees of the organization	15b	X						
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
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?	16b							
Sec	tion 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) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınan	cıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨								
	RICHARD RYANS - 202-986-2200								
	1200 18TH STREET, NW, SUITE 400, WASHINGTON, DC 20036								
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FOOD RESEARCH AND ACTION CENTER

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

Check if Schedule O contains a response of note to any line in this Part VIII	anv line in this Part VII	Check if Schedule O contains a response or note to an
---	---------------------------	---

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

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

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

Officer and Box inflicting and organizate		J. g.	21 1126			прс	Hoai]	
(A)	(B)			Pos	C) ution	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	drec		ļ		8		organization	(W·2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	g mb				and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
· · · · · · · · · · · · · · · · · · ·	line)	=	Ins	₹	, Š	물등	For			
(1) JAMES D. WEILL	40.00]				
PRESIDENT	0.40	Х		X		<u></u>		183,144.	0.	29,225.
(2) DAN GLICKMAN	2.00					1				
CHAIR		X		X		<u> </u>		0.	0.	0.
(3) RONALD F. POLLACK	1.00									
TREASURER		X		X				0.	0.	0.
(4) GEORGE L. BLACKBURN	0.50	}								ļ
BOARD MEMBER		X					L	0.	0.	0
(5) DAVE CARLIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) CAROLYN CAVICCHIO	0.50									·
BOARD MEMBER		X						0.	0.	0.
(7) DAGMAR FARR	0.50									-
BOARD MEMBER		Х						0.	0.	0.
(8) ALISON DERSOFI GOLDBERG	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) LOUISE HILSEN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) MARSHALL L. MATZ	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) MATTHEW E. MELMED	1.00									
BOARD MEMBER	0.10	Х						0.	0.	0.
(12) NORM ROSENBERG	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) ALAN J. STONE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) JUDITH H. WHITTLESEY	1.00									
BOARD MEMBER	0.10	х						0.	0.	0.
(15) ALICIN WILLIAMSON	0.50									
BOARD MEMBER		х						0.	0.	0.
(16) ELLEN VOLLINGER	40.00	_					\vdash	<u>_</u>		
LEGAL/FOOD STAMP DIR.						x		151,505.	0.	26,357.
(17) PATRICK YOUNGBLOOD	40.00					<u></u> -	Γ-	=31,303.	- 0.	20,007.
DIRECTOR OF DEVELOPMENT	<u> </u>					\mathbf{x}		141,901.	0.	19,543.
432007 11-07-14									0.	Form 990 (2014)
										. 51111 444 (2014)

7

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)							
(A)	(A) (B) (C) (D) (E)										(F)					
Name and title	Average hours per	Position (do not check more than of box, unless person is both						Reportable	Reportable			timat				
	week	offi	cer ar	ess pe nd a d	rson	or/trus	n an stee)	compensation	compensation from related			nount other				
	(list any	director				İ		the	organization		1	pensa				
	hours for related	i i	8			ated		organization	(W-2/1099-MIS	SC)	I	om th				
	organizations	trustee or	institutional trustee		, g	Highest compensated employee		(W-2/1099-MISC)			_ ~	anızat d relat				
	below	Individual	utou	ا دة	Key employee	est co	듈					anızatı				
	line)	Ē	Instr	Officer	Xey 8	돌를	Former									
(18) ELLEN TELLER	40.00									_						
DIR. GOVT. AFFAIRS	1000	_		<u> </u>	<u> </u>	X		136,617.		0.	3	<u>7,3</u>	48.			
(19) GERALDINE HENCHY	40.00	ł				,,		110 277		^	0 10 0					
DIR. NUTRITION PLCY/EARLY CHILDHOOD			-		-	X	-	119,277.		0.	┼╌┸	8,0	39.			
		┨														
	ł	 				 										
		1														
		\vdash				T										
												_	_			
		L				L					<u> </u>					
	ļ	ļ														
	-	<u> </u>				<u> </u>					<u> </u>					
		-														
	 					-		 			 					
	<u> </u>	}														
1b Sub-total		L	1		1	<u> </u>	<u> </u>	732,444.		0.	13	0,5	12.			
c Total from continuation sheets to Part V	II. Section A						•	0.		0.		<u> </u>	0.			
d Total (add lines 1b and 1c)	,						•	732,444.		0.	13	0,5				
2 Total number of individuals (including but r	not limited to th	nose	liste	ed at	bove	e) wh	no r	eceived more than \$100	,000 of reportab	le						
compensation from the organization													5			
											$\overline{}$	Yes	No			
3 Did the organization list any former officer,	•	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on							
line 1a? If "Yes," complete Schedule J for s					. .						3		_X_			
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		-					•	the organization			X				
5 Did any person listed on line 1a receive or									dual for services	<u> </u>	4		_			
rendered to the organization? If "Yes," com	•				-		Cia	ed organization of malv	dual for services	'	5		_X_			
Section B. Independent Contractors			<u> </u>													
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom				
the organization Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ıthır	n the organization's tax	year							
(A)								(B)			(C					
Name and business	address	N	INC	<u> </u>				Description of s	ervices		Compe	nsatio	n 			
							\dashv									
					-		\dashv	-								
							[ļ	ı						
								<u> </u>								
2 Total number of independent contractors (ot lu	mıte	d to		_	stec	d above) who received m	ore than							
\$100,000 of compensation from the organi	zation 🕨				(<u>) </u>										
											Form !	990 (2014)			

		Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	12,500.				
ìrar our	b	Membership dues	1b					
s, G Am	С	Fundraising events	1c	160 968.				
3ift ar ,	d	Related organizations	1d					
in,	e	Government grants (contribu	tions) 1e	143,499.				
tion S	f	All other contributions, gifts, grai	nts, and					
the		similar amounts not included abo	ove 1f	10,288,687.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in line	s 1a-1f \$					
<u>2 E</u>	<u>h</u>	Total. Add lines 1a-1f			10,605,654.			
				Business Code				
ဥ	2 a	CONFERENCE		900099	305,763.	305,763.		
e s	b	HONORARIUM		900099	6,671.	6,671.		
n S	С	PUBLICATIONS		900099	653.	653.	<u></u>	·
Program Service Revenue	d				-			
ě.	e	A.II.						
_	f		enue					
	<u>_</u> g		-1 -111-	•	313 087			
	3	Investment income (including other similar amounts)	j aiviaenas, intere	est, and	4 533			
	4	Income from investment of ta	v avamat band r	proceeds	1,633.			1,633.
	5	Royalties	ix-exempt bond p	oroceeus P				
	3	noyaliles	(i) Real	(II) Personal				
	6 a	Gross rents	(i) Hear	(ii) i eisonai				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)			-			
e l	8 a		•					
en (en			<u>,968.</u> of					
Other Reven		contributions reported on line	e 1c) See					
Je.		Part IV, line 18	а	107,312.				
₹		Less direct expenses	, b	81,266.				
		Net income or (loss) from fund		•	26.046.		<u> </u>	26,046.
	9 а	Gross income from gaming an Part IV, line 19						
	h	Less direct expenses	a b		,			
}		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less cost of goods sold	b					
- [Net income or (loss) from sale						
[Miscellaneous Revenu		Business Code				
ſ	11 a							
	b							
1	С							
		All other revenue						
		Total. Add lines 11a-11d		▶				
432009	12	Total revenue See instructions.	· · · · · · · · · · · · · · · · · · ·	<u></u>	10,946,420.	313 087.	0.	27,679.
432009 11-07-	14							Form 990 (2014)

Form 999 (2014) FOOD RESEARCH AND ACTION CENTER 23-7200739 Page 10 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) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 3,534,870. 3,534,870 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 212,369. 148,659. trustees, and key employees 31,855. 31,855. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 132,735. 7 Other salaries and wages 2,840,288. 2,428,663. 278,890. Pension plan accruals and contributions (include 8 108,234. 95,542 2,742. section 401(k) and 403(b) employer contributions) 9,950. 317,116. 9,545. 277,718 29,853. 9 Other employee benefits 223,084. 10 Payroll taxes 193,824. 8,015. 21,245. Fees for services (non-employees) a Management 2,376 3,006 361 Legal 269. 26,175. 20,687. 3,140. 2,348. c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 263,175. 259,965. 607. 2,603. 12 Advertising and promotion 71,187 13 Office expenses 63,512. 1,132. $6,5\overline{43}$. 104,153. 97.232. Information technology 1,895. 5,026. 14 15 Rovalties 461,368 395,685 17,993. 47,690. 16 Occupancy Travel 121,656. 119,422. 1,141 1,093. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 261,090 260,672 369 49. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 30,925 22 Depreciation, depletion, and amortization 26,745 1,145 3,035. 13,680. 11,830. 507. 23 1,343. Other expenses. Itemize expenses not covered 24 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.) 27,413. INTERNS 27,413. <u>21,</u>250. ь EQUIP. RENTAL & MAINT. 18,832. 645. 1,773. c REFERENCE MATERIALS 12,182. 11,698. 13. 471. 9,894 d DUES AND LICENSES 11,161 1,008.

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25

Form 990 (2014)

259.

1,052.

445,347.

32,085.

8,696,467.

e All other expenses

Check here

Total functional expenses Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

11,783.

226,631.

19,250.

8,024,489.

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	918,190.	1	608,113
	2	Savings and temporary cash investments	757,464.	2	759,639
	3	Pledges and grants receivable, net	2,729,500.	3	5,361,250
	4	Accounts receivable, net	93,201.	4	120,848
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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			
ş;		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,948.	9	17,117
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 300,001.		 	
	b	Less accumulated depreciation 10b 141,336.	153,188.	10c	<u> 158,665</u>
	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	63,204.	15	40,001
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,734,695.	16	7,065,633
	17	Accounts payable and accrued expenses	399,310.	17	<u>373,876</u>
	18	Grants payable	0.5 4.04	18	
	19	Deferred revenue	86,121.	19	<u>86,686</u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
멸	00	Complete Part II of Schedule L	04 500	22_	00.062
	23	Secured mortgages and notes payable to unrelated third parties	94,500.	23	80,063
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	14,254.	05	134,545
	26	Total liabilities. Add lines 17 through 25	594,185.	25 26	675,170
		Organizations that follow SFAS 117 (ASC 958), check here ► X and	374,103.	20	073,170
_σ		complete lines 27 through 29, and lines 33 and 34.			
ခိုင	27	Unrestricted net assets	984,842.	27	986,308
alar	28	Temporarily restricted net assets	3,155,668.	28	5,404,155
Ď	29	Permanently restricted net assets	3,133,000.	29	3,404,133
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		25	
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
286	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
. 1	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u> </u>	JZ				
Net Assets or Fund Balances	33	Total net assets or fund balances	4,140,510.	33	6,390,463.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,946	5.4	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,696		
3	Revenue less expenses Subtract line 2 from line 1	3	2,249		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,140		
5	Net unrealized gains (losses) on investments	5	•		
6	Donated services and use of facilities	6			
7	Investment expenses	7	_	•	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,390),4	<u>63.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2 a	5		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Separate basis X Consolidated basis Both consolidated and separate basis Separate				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
2-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Act and OMB Circular A-133?	ngle Audit			v
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rod ovelet	3a		<u>X</u>
Ŋ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	nea auan	3b		
	addito, oxplain with in confedure of and describe any steps taken to undergo such dudits		Form	990 //	2014
			i Omi	J J G (-014)

11-07-14

r 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.

➤ Attach to Form 990 or Form 990-EZ.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 23-7200739 FOOD RESEARCH AND ACTION CENTER Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 $\lfloor \mathbf{x} \rfloor$ 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization (ii) EIN (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 19 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

rSchedule A (Form 990 or 990 EZ) 2014 FOOD RESEARCH AND ACTION CENTER 23-7200 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	8,221,848.	6,679,917.	7,416,333.	4,685,871.	10,605,654.	37,609,623.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		\				
	the organization without charge						
4	Total. Add lines 1 through 3	8 221 848	6,679,917,	7,416,333.	4,685,871.	10,605,654.	37 609 623.
5	The portion of total contributions			.,,			
Ū	by each person (other than a		İ				
	governmental unit or publicly						
	supported organization) included		Ì				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		1				
	column (f)						19,632,160.
6	Public support. Subtract line 5 from line 4					31.7	17 977 463
	ction B. Total Support					<u> </u>	17,377,403.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	8,221,848.	6,679,917.	7,416,333.	4,685,871.	10,605,654.	37,609,623.
8					1,000,0,1.		07,000,000,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11,277.	15,053.	15,170.	4,118.	1,633.	47,251.
9	Net income from unrelated business		13,033.	13/1/01	1/1101	1,000.	17,231
9	activities, whether or not the						
	business is regularly carried on		3,406.	8,741.	8,387.	26,046.	46,580.
10	Other income Do not include gain		3,100.	0,7 42 8	0,307.	20,040.	10,300.
.0	or loss from the sale of capital						
	assets (Explain in Part VI)	47,443.	13,833.	3,247.	5,171.		69,694.
11	Total support. Add lines 7 through 10		1070331	3,21,	3/1/1		37,773,148.
12		etc. (see instruction	ons)	—L	<u></u> -	12 1	,228,032.
	First five years. If the Form 990 is for			fourth or fifth tax	vear as a sectio		1220,032.
10	organization, check this box and stop		mot, occoria, trino	1, 10drui, 01 mai taz	· your do a ocollo		ightharpoonup
Se	ction C. Computation of Publ		centage	· · · · · · · · · · · · · · · · · · ·	······································		
14	Public support percentage for 2014 (I	ine 6. column (f) di	vided by line 11, co	olumn (fl)		14	47.59 %
	Public support percentage from 2013					15	52.31 %
	33 1/3% support test - 2014. If the c			line 13, and line 1	4 is 33 1/3% or n		
	stop here. The organization qualifies	-				,	▶ X
ŀ	33 1/3% support test - 2013. If the o		-	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	
Ī	and stop here. The organization qual	•		•			▶ 🗀
17:	10% -facts-and-circumstances tes		•		13 16a or 16b a	and line 14 is 10%	or more
.,,	and if the organization meets the "fac						
	meets the "facts and-circumstances"			·	•	it villow the organ	▶ □
ı	10% -facts-and-circumstances tes	•			•	17a and line 15 ie	10% or
K	more, and if the organization meets the	-				•	
	organization meets the "facts and-circ						·
40	Private foundation. If the organization				· · · · · ·		
18	Filvate roundation, if the organizatio	in did not check a l	oox on me 15, 16a	, 100, 17a, 01 17b,		edule A (Form 990	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees 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 organization's tax exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						ı
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>				
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
ection B. Total Support						
alendar year (or fiscal year beginning in) ➤ 🔼	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				 		
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3 Total support (Add lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for ti	he organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						• □
ection C. Computation of Public	Support Pe	rcentage				, -
5 Public support percentage for 2014 (lin	e 8, column (f) d	ıvıded by line 13, d	column (f))		15	
Public support percentage from 2013 S	Schedule A, Part	III, line 15			16	
ection D. Computation of Invest						
7 Investment income percentage for 201	4 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	
Investment income percentage from 20)13 Schedule A,	Part III, line 17			18	
a 33 1/3% support tests - 2014. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than		7 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2013. If the o				-		and -
line 18 is not more than 33 1/3%, check						
O Private foundation. If the organization						
20022 DD 17 14			., J. , JD, OHOOK II	O-	hadda A /Fara - 00/	200 571

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action. (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a 10b 1990 or 990-EZ) 2014			Yes	No_
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3a		
3c				
3c		3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3c		
5a 5b 5c 6 7 8 9a 9b 9c 10a		4a		
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5a 5b 5c 6 7 8 9a 9b 9c 10a		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 9a 9b 9c 10a		4c		
5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 9a 9b 9c 10a				
6 7 8 9a 9b 9c 10a 10b		5a		
6 7 8 9a 9b 9c 10a 10b		5h		
7 8 9a 9b 9c				
7 8 9a 9b 9c				
7 8 9a 9b 9c				
7 8 9a 9b 9c		6		
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a				
9b 9c 10a		8		
9b 9c 10a				
9c 10a		9a		
10a		9b		
10a		90		
10b		- 55		
10b		10a		
1 990 OF 990 LEVI 2017	n 0		0-F7\	2014

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chedule A (Form 990 or 990-EZ) 2014 FOOD RESEARCH AND ACTIC			23-7200739 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1 1		·
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		-
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
P. Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functional		ed Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2014

Sche Pa r	dule A (Form 990 or 990 EZ) 2014 FOOD RESEARCH tV Type III Non-Functionally Integrated 509			3-7200739 Page 7
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	i	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt use assets			
_5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the)		
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	····		
		(i)	(ii)	(iii)
C4	an E. Dintribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secu	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014			
a				
b			·	
с				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount		1,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	
i_	Carryover from 2009 not applied (see instructions)		**************************************	
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			}
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7		· · · · · · · · · · · · · · · · · · ·	
a			· · · · · · · · · · · · · · · · · · ·	
<u>b</u>				
С				
d	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

rt VI	Supplemen	tal Informatio	on. Provide the e	xplanations requi	red by Part II, line	10, Part II, line 1	7a or 17b, and Pa	art III, line 12
			additional informa					
· 								
						- "		
					<u>-</u>			
				<u> </u>	•			
						 		
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	<u>.</u>	:		· · · · · · · · · · · · · · · · · · ·	•			·
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		 -						

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

		arate instructions), then	hann Oranalata David III			
	ne of organ	01(c)(4), (5), or (6) organiza nization	tions Complete Part III		F	mployer identification number
			SEARCH AND ACTI	או ריבאויינים	-	23-7200739
Pa	rt I-A	Complete if the ord	janization is exempt un	der section 501(c)	or is a section 52	Z3-/Z00/39 7 organization
			,aa	100 000 1011 00 1(0)	01 10 4 00011011 02	organization.
4	Provide	description of the organiz	ation's direct and indirect polit	ical campaign activities	in Dort IV	
		expenditures	ation's direct and indirect point	icai campaign activities		Φ.
3	Voluntee	·			•	> \$
•	Voluntee	riouis				
Pa	ırt I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the	amount of any excise tax	incurred by the organization ui	nder section 4955	· · · · · · · · · · · · · · · · · · ·	> \$
2	Enter the	amount of any excise tax	incurred by organization mana	gers under section 495	5	> \$
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a co	rrection made?				Yes No
		describe in Part IV				
Pa	rt I-C	Complete if the org	janization is exempt un	der section 501(c)	, except section 5	01(c)(3).
1	Enter the	amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities	> \$
2	Enter the	amount of the filing organ	ization's funds contributed to d	other organizations for s	ection 527	
		unction activities				> \$
3	Total exe	mpt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	-,	
	line 17b					> \$
4		ing organization file Form	•			Yes No
5			nployer identification number (E			
			tion listed, enter the amount pa			
			omptly and directly delivered to			arate segregated fund or a
	political a	ction committee (PAC) if a	additional space is needed, pro	ovide information in Part	: IV	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	
					filing organization's funds If none, enter	
					lands if florie, enter	delivered to a separate
						political organization
						If none, enter -0-
						
					_	
						

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedu	lê C (Form 990 or 990 EZ) 2014	FOOD	RESEAR	CH AND ACTI	ON CENTER	23-7	200739 Page 2
Part		anizatio	on is exen	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
	section 501(h)).						
A Chec	ck 🕨 💹 if the filing organiza	tion belon	gs to an affil	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar						
B Chec	ck Lifthe filing organiza	tion check	ed box A an	d "limited control" pro	visions apply		
			oying Exper eans amou	nditures nts paid or ıncurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a To	otal lobbying expenditures to influ	lence pub	lic opinion (g	grass roots lobbying)		108,699.	
b To	otal lobbying expenditures to influ	uence a le	gislative bod	y (direct lobbying)		57,363.	
с Т	otal lobbying expenditures (add li	nes 1a an	d 1b)			166,062.	
d O	ther exempt purpose expenditure	8,530,435.					
е Т	otal exempt purpose expenditure	8,696,497.					
f_L	obbying nontaxable amount Ente	er the amo	unt from the	following table in both	h columns	584,825.	
If	the amount on line 1e, column (a) o	r (b) is:	The lobb	ying nontaxable amo	ount is:		
N	ot over \$500,000						
0	ver \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000		
0	ver \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000		
0	ver \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000		
0	ver \$17,000,000		\$1,000,0	000			
g G	rassroots nontaxable amount (en	ter 25% o	f line 1f)			146,206.	
h S	ubtract line 1g from line 1a If zero	o or less, e	enter -0-			0.	
i S	ubtract line 1f from line 1c If zero	or less, e	nter -0-			0.	
j If	there is an amount other than ze	ro on eithe	er line 1h or l	ine 1i, did the organiza	ation file Form 4720	_	
re	porting section 4911 tax for this	year?				L	Yes No
	(Some organizations the		a section 50	raging Period Under 01(h) election do not l ite instructions for lir	have to complete all	of the five columns b	elow.
		Lobi	ying Expen	ditures During 4-Yea	r Averaging Period		
((Calendar year or fiscal year beginning in)	(a) :	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a L	obbying nontaxable amount	46	4,923.	518,278.	547,856.	584,825.	2,115,882.
	obbying ceiling amount 50% of line 2a, column(e))						3,173,823.
_ c T	otal lobbying expenditures	17	5,360.	278,196.	215,822.	166,062.	835,440.
d G	rassroots nontaxable amount	11	6,231.	129,570.	136,964.	146,206.	528,971.
e G	rassroots ceiling amount 50% of line 2d, column (e))						793,457.
f G	rassroots lobbying expenditures	2	5,983.	107,360.	83,733.	108,699.	325,775.

Schedule C (Form 990 or 990-EZ) 2014

each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed description	(a)	(b	 o)
he lobbying activity	Yes	No	Amo	ount
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 a Volunteers?		,		
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?				
Mailings to members, legislators, or the public?			<u></u>	
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?	-		<u> </u>	
Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities? Total Add lines 1c through 1:				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
of "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
rt III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection	
			Yes	ľ
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), sect		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3
answered "Yes."			T	
answered "Yes." Dues, assessments and similar amounts from members	·	1		•
answered "Yes."	·	-		
answered "Yes." Dues, assessments and similar amounts from members	·	-		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	·	-		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	·	1		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	·	1 2a		****
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ıcal	2a 2b		
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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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

FOOD RESEARCH AND ACTION CENTER

Employer identification number 23-7200739

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organizati	 	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		The second secon
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	
	year ▶	,	g
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	;;
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		
	and section 170(h)(4)(B)(ii)?	, .	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther 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 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	·	
	(i) Revenue 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 trea	asures, or other similar assets for financia	ıl gaın, provide
	the following amounts required to be reported under SFAS 1		- ,
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2014

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		SEARCH AND						23-72			age 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Oth	er Simil	ar Asse	ts(contin	iued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a s	ignificant	use of its	collection	n item	s
	(check all that apply)										
à	Public exhibition	c	ı 🗀	Loan or exc	change progra	ams					
b	Scholarly research	€	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizati	on's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er sımıla	r assets		_		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	— 									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contributio	ns or other as	sets not	t included		7	_	7
	on Form 990, Part X?			•				L	」Yes	L	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d	 			
е	Distributions during the year						1e				
f	Ending balance						1f	l			
	Did the organization include an amount on F						lity?	<u> </u>	_ Yes		No
	If "Yes," explain the arrangement in Part XIII										<u></u>
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	orm 990, Part	IV, line	10				
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships			.,,							
е	Other expenditures for facilities								İ		
	and programs										
f	Administrative expenses				<u></u>						
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a)) held as						
а	Board designated or quasi-endowment	<u> </u>	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for t	he organı	zation	_		
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		·
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a S	See Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Bool	k valu	е
		basis (investr	nent)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										
С	Leasehold improvements				3,928.		<u> 10,2</u>		9	3,6	55.
d	Equipment			16	7,981.		108,1			9,7	
е	Other			2	28,092.		22,8			5,2	
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	Y colur	nn (R) line	100)					8 6	

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 FOOD RESEAR	CH AND ACT	ION CENTER	23-7200739	Page
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or end-of-year market v	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)	_			
(B)				
(C)				
(D)				
(E)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	valuation Cost or end-of-year market v	/alue
(2)				_
(3)				_
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		/, line 11d See Form 990,		
	Description		(b) Book va	ılue
(1)				
(2)				
(3)	·			
(4)				
(5)				
(6)				
(8)	· v·			
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15)	<u></u>	<u> </u>	
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11e or 11f See Form	n 990, Part X, line 25	
1. (a) Description of liability	·	(b) Book value		
(1) Federal income taxes			1	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ACTION COUNCIL	8,223.
(3) DEFERRD RENT LIABILITY	126,322.
(4)	
(5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	134,545.

2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 FOOD RESEARCH AND AC	TION CENTER	23-7	200739 Page 4
Part XI Reconciliation of Revenue per Audited Financia	ll Statements With Revenue	per Return	•
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a		
1 Total revenue, gains, and other support per audited financial statemen	ts	1	10,946,420.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	_2d		•
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	10,946,420.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	_ 4b		0
c Add lines 4a and 4b	101	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin Part XII Reconciliation of Expenses per Audited Financia		5 per Petur	10,946,420.
Complete if the organization answered "Yes" to Form 990, Part		s per netui	11.
	TV, IIITE 12a		0 702 760
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 		1	8,702,768.
	20		
	2a2b		
b Prior year adjustments c Other losses	2c		
d Other (Describe in Part XIII)		301.	
e Add lines 2a through 2d	20 0,5		6,301.
3 Subtract line 2e from line 1		2e	8,696,467.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		3	0,000,407.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	40	4c	0.
_5 _ Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5	8,696,467.
Part XIII Supplemental Information.			0,000,407.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to prove PART X, LINE 2:		V, line 4, Part)	(, line 2, Part XI,
FOR THE YEAR ENDED DECEMBER 31, 2014,	THE ORGANIZATIONS H	IAVE DOC	UMENTED
THEIR CONSIDERATION OF FASB ASC 740-10	, INCOME TAXES, THA	T PROVI	DES
GUIDANCE FOR REPORTING UNCERTAINTY IN	INCOME TAXES AND HA	VE DETE	RMINED
THAT NO MATERIAL UNCERTAIN TAX POSITIO	NS QUALIFY FOR EITH	ER RECO	GNITION OR
DISCLOSURE IN THE COMBINED FINANCIAL S	TATEMENTS.		
THE FEDERAL FORM 990, RETURN OF ORGANI	ZATION EXEMPT FROM	INCOME	TAX, IS
SUBJECT TO EXAMINATION BY THE INTERNAL	REVENUE SERVICE, G	ENERALL	Y FOR
THREE YEARS AFTER IT IS FILED.			
			
PART XII, LINE 2D - OTHER ADJUSTMENTS:		-	ıle D (Form 990) 2014
10-01-14		Juneal	U (I UI III 33U) ZU 14

Schedule D (Form 990) 2014 FOOD RESEARCH AND ACTION CENTER	23-7200739 Page 5
Schedule D (Form 990) 2014 FOOD RESEARCH AND ACTION CENTER Part XIII Supplemental Information (continued)	
RELATED ORGANIZATION EXPENSES INCLUDED ON CONSOLIDATED	6,301.
FINANCIAL STATEMENTS BUT EXCLUDED FOR FORM 990 REPORTING	
PURPOSES	
	_

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Inspection

2014
Open to Public

lame of the organization		_				Employer ide	ntification number
FOOD RESEARCH AND ACTION CENTER 23-7200739					739		
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 raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid individual compensated at least \$5,000 by the	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p	ion of ion of fundra (includ	non-g gover using d ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	Did aiser ustody trol of utions?	(IV) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-		
otal •							
3 List all states in which the organization or licensing	is registered or licensed to solicit o	ontrib	utions	or has been notified	int is	exempt from re	egistration
							
<u></u>							
							
							

432081 08-28-14

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

Schedule G (Form 990 or 990-EZ) 2014

Pa	art	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or target and grown out the same and grown	(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
ø			(event type)	(event type)	(total number)	Cor (c))
Revenue	1	Gross receipts	268,280.			268,280.
	2	Less Contributions	160,968.			160,968.
	3	Gross income (line 1 minus line 2)	107,312.			107,312.
	4	Cash prizes				
တ္သ	5	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
cpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
۵	8	Entertainment	01.066		·	21.055
	9	Other direct expenses	81,266.			81,266.
		Direct expense summary Add lines 4 through			>	81,266.
P	irt	Net income summary Subtract line 10 from li III Gaming. Complete if the organization		1990 Part IV line 19 or i	reported more than	26,046.
<u> </u>		\$15,000 on Form 990-EZ, line 6a	anovored 100 to 1011	1000, 1 411 14, 1110 10, 011	oportod more triair	
une —			(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				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
a	ls:	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain				Yes No
4220		R-2R-14			Schedule G (Fe	orm 990 or 990-FZ) 2014

Schedule G (Form 990 or 990 EZ) 2014 FOOD RESEARCH AND ACTION CENTER 23-7200739 Page 2

Schedule G (Form 990 or 990 EZ) 2014 FOOD RESEARCH AND ACTION CENTER	23-	7200739	
11 Does the organization conduct gaming activities with nonmembers?		Yes	∟ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent	uty formed	Γ	
to administer charitable gaming?		L Yes	L No
13 Indicate the percentage of gaming activity conducted in		1 1	
a The organization's facility		13a	%
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	oks and records		
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party			
Name ▶			
Address >			
16 Gaming manager information			
To Gaming manager information			
Name			
Gaming manager compensation > \$			
Description of services provided			_
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds	s to `		
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ions or spent in the		
organization's own exempt activities during the tax year 🕨 \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v), and Part III,	lines 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information (see instructions)			
		-	
400000 AD 500 M	Schodula C /Far	m 000 000	\ E7\ 0011
432083 08-28-14	Schedule G (For	111 220 OL 28(J-E&J 2014

Schedule G	(Form 990 or 990-EZ)	FOOD RESEARCH	<u> AND</u>	ACTION	CENTER	23-7200739	Page 4
Part IV	Supplemental Info	FOOD RESEARCH mation (continued)					
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SCHEDULE ! (Form 990) Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No, 1545-0047 2014

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

72. Employer identification number No 23-7200739 (h) Purpose of grant or assistance SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM JUTRITION PROGRAM X Yes IMPLEMENTATION IMPLEMENTATION IMPLEMENTATION IMPLEMENTATION IMPLEMENTATION IMPLEMENTATION Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö o o. 0 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 20,000 25,000 32,500 6 2 2 9 8,000 44,500 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ACTION CENTER (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SOVERNMENT SOVERNMENT 501(C)(3) 501(C)(3) 86-0507679 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table FOOD RESEARCH AND 52-2275123 27-1591801 51-0214510 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? AL ASSOC, OF SCHOOL ADMINISTRATORS 1 (a) Name and address of organization DISTRICT - 1206 W. ARKANSAS LANE 2100 N CENTRAL AVENUE, SUITE 230 ALABAMA FOOD BANK ASSOCIATION 1616 H. STREET NW, SUITE 820 ARLINGTON INDEPENDENT SCHOOL ARCHDIOCESE OF BALTIMORE or government ASSOC OF AZ FOOD BANKS AFTERSCHOOL ALLIANCE WASHINGTON, DC 20006 MONTGOMERY, AL 36101 HUNTSVILLE AL 35804 Name of the organization BALTIMORE, MD 21201 ARLINGTON, TX 76013 PHOENIX, AZ 85004 320 CATHEDRAL ST. PO BOX 18607 PO BOX 428 Part Part II

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Schedule I (Form 990) (2014)

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Schedule (Form 990) FOOD RESEARCH AND ACTION Part II Continuation of Grants and Other Assistance to Governments	ASSISTANCE AND ASSISTANCE TO GO	ACTION CENTER	ER nraations in the Ur	ited States (Sche	I CENTER and Organizations in the United States (Schedule I (Form 990), Part II.)		23-7200739 Page 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
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD.NW ATLANTA, GA 30318-6628	58-1376648	501(c)(3)	.000,050	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
AZ COMMUNITY ACTION ASSOC. 2700 NORTH 3RD ST., STE 3040 PHOENIX, AZ 85004	86-0311619	, 501(C)(3)	35,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
BAY AREA FOOD BANK 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	25,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
BEAN'S CAFE/THE CHILDREN'S LUNCH PO BOX 100940 ANCHORAGE, AK 99510	92-0072522	501(C)(3)	10,000,	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
CALIFORNIA ASSOC. OF FOOD BANKS 909 12TH STREET, SUITE 203 SACRAMENTO, CA 95814	68-0392816	501(C)(3)	127,500,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
CENTER FOR CIVIL JUSTICE 320 SOUTH WASHINGTON 2ND FL SAGINAW, MI 48607	38-1859780	501(C)(3)	800.00	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
CENTER FOR FOOD ACTION 192 W, DEMAREST AVE. ENGLEWOOD, NJ 07631	22-2189072	501(C)(3)	33,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DRIVE, SUITE 200 - AUSTIN, TX 78752	74-2898197	501(C)(3)	83,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
CENTER ON BUDGET & POLICY PRIORITIES - 820 FIRST STREET, NE, SUITE 510 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	35,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION

Schedule I (Form 990)

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

(h) Purpose of grant or assistance SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL SUPPORT FOR FEDERAL NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM JUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM NUTRITION PROGRAM IMPLEMENTATION IMPLEMENTATION MPLEMENTATION MPLEMENTATION MPLEMENTATION IMPLEMENTATION IMPLEMENTATION MPLEMENTATION IMPLEMENTATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 o. Ö °. 0 ٥. 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 30,000, 35,000 24,000 70,000 25,000 24,500 38,000 45,000 80,000 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 91-0982879 23-7303509 20-3073635 94-2924979 22-2622522 06-1545835 13-3179546 59-2859151 (p) EIN FOODBANK OF MONMOUTH/OCEAN CTY 1331 EAST LAFAYETTE STREET #A FOOD BANK OF NORTHERN NEVADA, (a) Name and address of organization or government END HUNGER CONNECTICUT! INC. FOOD BANK FOR NEW YORK CITY CHILDREN'S HUNGER ALLIANCE NEPTUNE TOWNSHIP, NJ 07753 1524 SOUTH IH-35 STE 342 FEEDING INDIANA'S HUNGRY 39 BROADWAY, 10TH FLOOR NEW YORK CITY, NY 10006 370 SOUTH FIFTH STREET INDIANAPOLIS, IN 46278 TALLAHASSEE, FL 32301 65 HUNGERFORD STREET 5722-A W 74TH STREET CHILDREN'S ALLIANCE 718 6TH AVE., SOUTH COLUMBUS, OH 43215 HARTFORD, CT 06106 MCCARRAN, NV 89434 SEATTLE WA 98104 AUSTIN TX 78704 550 ITALY DRIVE FLORIDA IMPACT FEEDING TEXAS 3300 ROUTE 66

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Schedule I (Form 990) 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 III)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Par	t)	
(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 BERKS FOOD BANK 1011 TUCKERTON CT. READING, PA 19605	22-2456238	501(C)(3)	7,500.	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
GREATER PHILADELPHIA COALITION AGAINST HUNGER - 1725 FAIRMOUNT AVE, - PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	18,675,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE - 119 MERCHANT ST. #605A - HONOLULU, HI 96813	76-0748976	501(C)(3)	15,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HAYWOOD COUNTY SCHOOLS 900 EAST MAIN ST. BROWNSVILLE, TN 38102		GOVERNMENT	14,696.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HOUSTON INDEPENDENT SCHOOL DISTRICT - 4400 WEST 18TH ST HOUSTON, TX 77092		GOVERNMENT	64.000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HUNGER FREE COLORADO 2222 S. ALBION ST., SUITE 360 DENVER, CO 80222	68-0551464	501(C)(3)	134,000,	0,0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HUNGER FREE VERMONT 38 EASTWOOD DRIVE, SUITE 100 SOUTH BURLINGTON, VT 05403	03-0336357	501(C)(3)	12,500,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET, SUITE 420 ST. PAUL, MN 55103	36-3567366	501(C)(3)	.000 09	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
HUNGER SOLUTIONS NEW YORK 14 COMPUTER DRIVE EAST, 2ND FL ALBANY, NY 12205	22-2954760	501(C)(3)	140,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION

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Schedule I (Form 990) 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)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Par	t)	3
(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
HUNGER TASK FORCE 201 S. HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	10,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
IDAORE PLANNING & DEVELOPMENT 125 E. 50TH ST. GARDEN CITY, ID 83714	82-0327558	501(C)(3)	11,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
ILLINOIS HUNGER COALITION 205 WEST MONROE, SUITE 310 CHICAGO, IL 60606	37_1251831	501(C)(3)	80 000	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
INDIANA ASSOC, OF SCHOOL PRINCIPALS - 11025 E, 25TH ST, - INDIANAPOLIS, IN 46229		GOVERNMENT	25,000.	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
JUST HARVEST 16 TERMINAL WAY PITTSBURGH, PA 15219	25-1555571	501(C)(3)	7,500.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
KANSAS ACTION FOR CHILDREN 720 SW JACKSON, STE. 201 TOPEKA, KS 66603	48-0879502	501(C)(3).	25,000.	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
LEGAL SERVICES OF NEW JERSEY 100 METROPLEX DRIVE, SUITE 402 EDISON, NJ 08818	22-2059939	501(C)(3)	15,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
MASSACHUSETTS LAW REFORM INSTITUTE 99 CHAUNCY STREET, SUITE 500 BOSTON, MA 02111	04-6004303	501(C)(3)	.002,85	0		3 3	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
MD FARMERS MARKET ASSOC. PO BOX 6355 ANNAPOLIS, MD 21401	80-0874086	501(C)(3)	35,000.	0		3 2 11	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION

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Schedule I (Form 990) 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)

Fart II Continuation of Grants and Other Assistance to Governments	ASSISTANCE TO GO		izations in the Ur	nted States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II	t)	
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron 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	(n) Purpose of grant or assistance
MISSOURI ASSOCIATION OF SOCIAL WELFARE - 606 E, CAPITOL AVENUE - JEFFERSON CITY, MO 65101	44-0547548	501(C)(3)	7,500.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NATIONAL COUNCIL OF LA RAZA 1126 16TH ST. NW, SUITE 600 WASHINGTON, DC 20036	86-0212873	501(C)(3)	20,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NATIONAL LEAGUE OF CITIES INSTITUTE - 1301 PENNSYLVANIA AVE NW #550 - WASHINGTON, DC 20004	52-6055762	501(C)(3)	20,000,	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM
NATIONAL RECREATION AND PARK ASSOCIATION - 22377 BELMONT RIDGE ROAD - ASHBURN, VA 20148-4501	13-5563001	501(C)(3)	20,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NEBRASKA APPLESEED 941 O STREET, SUITE 920 LINCOLN, NE 68508	47-0798343	501(C)(3)	11,000,	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NEW HAMPSHIRE KIDS COUNT TWO DELTA DRIVE, SUITE 201 CONCORD, NH 03301	22_2936618	501(C)(3)	37.500.	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NEW JERSEY ANTIHUNGER COALITITION 192 W. DEMAREST AVENUE ENGLEWOOD, NJ 07631	22-2189072	501(C)(3)	40,000.	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NEW MEXICO APPLESEED 699 CENTRAL AVE, SE ALBUQUERQUE, NM 87102	52-1835698	501(C)(3)	25,000.	0		¥ . •	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
NEW YORK CITY COALITION AGAINST HUNGER - 50 BROAD STREET, STE# 1520 - NEW YORK, NY 10004	13-3471350	501(C)(3)	25,000.	.0		y 2	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
							Schedule I (Form 990)

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(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
OHIO ASSOC OF FOOD BANKS 51 N. HIGH STREET, SUITE#761 COLUMBUS, OH 43215	34-1677838	501(C)(3)	7,500,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PARTNERS FOR A HUNGERFREE OREGON 712 SE HAWTHORNE BLVD, SUITE 202 PORTLAND, OR 97214	20-4970868	501(C)(3)	75,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PARTNERSHIP FOR CHILDREN AND YOUTH 1330 BROADWAY, SUITE 601 <u>OAKLAND, CA 94612</u>	04-3653529	501(C)(3)	84,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PITTSBURGH PUBLIC SCHOOLS 8 SOUTH 13TH ST. PITTSBURGH, PA 15203		GOVERNMENT	40,000,	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PREBLE STREET PO BOX 1459 PORTLAND, ME 04104	01-0418917	501(C)(3)	7,500,	0.			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PUBLIC CITIZENS FOR CHILDREN AND YOUTH - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-2137461	501(C)(3)	25,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PUBLIC NEWS SERVICE 3980 BROADWAY STREET, SUITE 103, BO BOULDER, CO 80304	, 82-0511533	501(C)(3)	14,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
PUBLIC POLICY CENTER OF MISSISSIPPI - 736 N. CONGRESS ST., P.O. BOX 55649 - JACKSON, MS 39296-5649	64-0946476	501(C)(3)	27,500.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
READING SCHOOL DISTRICT 800 WASHINGTON ST. READING, PA 19601		GOVERNMENT	38,488.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION

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Schedule I (Form 990) 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 corganization or government if applica	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	tton (d) Amount of (e) Amount of (f) Method of (e) ble cash grant non-cash valuation no assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSSELLVILLE CITY SCHOOLS 1945 WATERLOO RD. RUSSELLVILLE, AR 35653		GOVERNMENT	22,975.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
SCHOOL DISTRICT OF PHILADELPHIA 440 N. BROAD ST., STE 331 PHILADELPHIA, PA 19130		GOVERNMENT	.000	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
SCHOOL NUTRITION FOUNDATION 120 WATERFRONT ST. #300 NATIONAL HARBOR, MD 20745	84-6039412	501(C)(3)	766,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
SOUTH CAROLINA APPLESEED 1518 WASHINGTON STREET COLUMBIA, SC 29201	57-1035023	501(C)(3)	30,000.	.0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
TEXAS FOOD BANK NETWORK 1524 SOUTH IH-35, SUITE 342 AUSTIN, TX 78704	74-2762542	501(C)(3)	100,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
TEXAS HUNGER INITIATIVE ONE BEAR PLACE, #97320 WACO, TX 76798		501(C)(3)	8,000	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
UNITED WAY OF KING COUNTY 720 2ND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	38,000.	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
UTAHNS AGAINST HUNGER 455 EAST 400 SOUTH, SUITE 407 SALT LAKE CITY, UT 84111	87-0343164	501(C)(3)	7,500,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION
VA ASSOC, OF ELEM. SCHOOL PRINCIPALS - 1805 CHANTILLY ST RICHMOND, VA 23230		GOVERNMENT	25,000,	0			SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION Schedule I (Form 990)
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23-7200739 Page 1	(g) Description of (h) Purpose of grant non-cash assistance or assistance	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION	SUPPORT FOR FEDERAL NUTRITION PROGRAM IMPLEMENTATION			
	(f) Method of (g) valuation non-(book, FMV, appraisal, other)						
9	(e) Amount of non-cash assistance		0	0			
(Form 990) FOOD RESEARCH AND ACTION CENTER Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	(d) Amount of cash grant	102,000.	40,000.	44,152,			
	(c) IRC section if applicable	501(C)(3)	501(C)(3)	GOVERNMENT			
ARCH AND	(b) EIN	54-1093402	95-2897721				
Schedule I (Form 990) FOOD RESEARCH		VIRGINIA POVERTY LAW CENTER 919 EAST MAIN ST., SUITE 610 RICHMOND, VA 23219	WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BLVD, #208 LOS ANGELES, CA 90010-2826	WILSON COUNTY SCHOOLS 117 NE TARBORO ST., P.O. BOX 2048 WILSON, NC 27894			

Schedule I (Form 990)

23-7200739

(d) Amount of non- cash assistance (book, FMV, appraisal, other)			Part I, line 2, Part III, column (b), and any other additional information		REPORT AT THE END OF THE GRANT	ON AN ONGOING BASIS.	
(c) Amount of cash grant			2, Part III, column (b)		PORT AT THE	E GRANTEES	
(b) Number of recipients	100	,	ured in Part I, line		Æ	S WITH TH	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in	PART I, LINE 2:	THE ORGANIZATION REQUESTS AND RECEIVES	PERIOD. THE ORGANIZATION ALSO WORKS WITH THE GRANTEES ON AN ONGOING BASIS.	

Schedule I (Form 990) (2014)

· SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FOOD RESEARCH AND ACTION CENTER

Employer identification number 23-7200739

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	Ì		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study	}		
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	2 de la companya de l	4c		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b	L	<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	İ	·	
	contingent on the net earnings of			ı
	The organization?	6a	_	<u>X</u>
b	Any related organization?	6b		<u>X</u>
_	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		77
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		_ <u>X</u> _
8	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	8	 	_ <u>X</u> _
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	

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

Schedule J (Form 990) 2014

23-7200739

Page 2

FOOD RESEARCH AND ACTION CENTER Schedule J (Form 990) 2014

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099 MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	ın column (B) reported as deferred ın prior Form 990
(1) JAMES D. WEILL	Ξ	183,144.	0	0	10,823.	18,402.	212,369.	0
PRESIDENT	Ξ	0	0	0	0	4		0
(2) ELLEN VOLLINGER	(i)	151,50		• 0	8,969.	17,388.	177,86	0
LEGAL/FOOD STAMP DIR,	Ξ			• 0	0	0.		0
(3) PATRICK YOUNGBLOOD	(j)	141,901.		0	8,390.	11,153.	161,444.	
DIRECTOR OF DEVELOPMENT	⊞			• 0	0	0	0	0
(4) ELLEN TELLER	(i)	136,61		• 0	8,417.	28,931.	173,965.	
DIR, GOVT, AFFAIRS	3	0	0	• 0	0	{ ∣	0	
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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

FOOD RESEARCH AND ACTION CENTER

Employer identification number 23-7200739

TOTAL TENEDERICAL TRANSPORTER CENTER TOTAL TOTAL TOTAL TOTAL TENEDERS TOTAL TENED
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMATION, 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 \$ 713;352. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,614.
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 \$ 455,810. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2014)

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 \$ 188,869. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,267.

EXPENSES \$ 130,771. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S LEADERSHIP COUNCIL: IS A COALITION OF LEADING POLICY AND
ADVOCACY ORGANIZATIONS THAT WORK TO IMPROVE THE HEALTH, NUTRITION,
EDUCATION AND WELL-BEING OF CHILDREN AND YOUTH. THE CLC SUPPORTS
INVESTMENTS NEEDED FROM BIRTH TO YOUNG ADULTHOOD TO ENSURE THAT
CHILDREN'S BASIC NEEDS OF FOOD, CLOTHING, HEALTH CARE, SHELTER AND
ECONOMIC STABILITY ARE MET.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

ORGANIZATION'S PRESIDENT, AND DIRECTOR OF FINANCE. 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 AFFECTED DIRECTOR WOULD REFRAIN FROM VOTING ON THE RELATED

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization FOOD RESEARCH AND ACTION CENTER	Employer identification number 23-7200739
MATTERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
WHEN DETERMINING THE SALARY OF FRAC'S PRESIDENT, FRAC'S B	OARD CHAIR
INCLUDES A REVIEW OF TOP MANAGEMENT SALARIES IN LIKE ORGA	NIZATIONS. THE
SALARY DECISION AND DETERMINING FACTORS ARE DOCUMENTED IN	WRITING. ONCE
COMPLETED, THE CHAIR PROVIDES HR WITH THE DOCUMENTATION F	OR IMPLEMENTING
THE SALARY INCREASE. THE LAST COMPENSATION REVIEW TOOK PL	ACE IN DECEMBER,
2014.	
FRAC'S PRESIDENT DETERMINES SALARIES OF SENIOR MANAGEMENT	'STAFF. HERE TOO,
A MARKET REVIEW OF COMPARABILITY DATA IS AMONG THE DETERM	INING FACTORS.
ONCE A DETERMINATION IS MADE, THE PRESIDENT SHARES THIS W	VITH HR FOR
IMPLEMENTING THE SALARY INCREASE. ALL DOCUMENTATION PERT	'AINING TO AN
INDIVIDUAL'S SALARY INCREASE IS KEPT IN THAT PERSON'S PER	SONNEL 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 REQ	UEST.
	_

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2014

►Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

FOOD RESEARCH AND ACTION CENTER

Employer identification number 23-7200739

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity
			:			
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	stions Complete if the organization	answered "Yes" on Form 990,	Part IV, line 34 bed	cause it had one c	r more related tax-exe	mpt
(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?
FRAC ACTION COUNCIL - 26-2010517 1875 CONNECTICUT AVE, NW, SUITE 540 WASHINGTON DC 20009	DOMOTE COLTAI MET BADE	A TEMPTA TO TO TO TAX			, , , , , , , , , , , , , , , , , , ,	<u> </u>
	באסמסוד פסכדטה אדהניטנה	President of Conombin			, LEAST	4
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	إ إ

23-7200739.

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Schedule R (Form 990) 2014 FOOD RESEARCH AND ACTION CENTER

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

(j) (k) General or Percentage managing ownership pariner?		
(j) neral or P inaging (arther?	 	
Z Dar Gen	 	
Code V-UBI General or Peramount in box managing of Schedule K-1 (Form 1065) Yes No		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total Income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

	ion (X13) olled ty?	No									
ر ت	Section 512(b)(13) cantrolled entity?	Yes					_				
(F)	Percentage ownership		-								
(6)	Share of end-of-year	dssets	i								
(£)	Share of total income										
(e)	Type of entity (C corp, S corp,	(Jenn Jo									
(p)	Legal domicile Direct controlling Type of entity (C corp, S corp, foreign										
(c)	Legal domicile (state or foreign	country)									
	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2014

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FOOD RESEARCH AND ACTION CENTER Schedule R (Form 990) 2014

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

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

Method of determining amount involved SUP. 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 2,072.BASED ON TIMESHEETS 4,228. TIMESHEET & PROG 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? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 0 0 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses b Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) FRAC ACTION COUNCIL (2) FRAC ACTION COUNCIL D

Schedule R (Form 990) 2014

ALLOCATION

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23-7200739

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Schedule R (Form 990) 2014 FOOD RESEARCH AND ACTION CENTER

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

g d	 	<u> </u>	}	l	ļ			
(h) (i) (l) (k) (k) Uspector Code V-UB1 General or Percentage Incations amount in box 20 managing ownership or Schedule K-1 partner? Ves No (Form 1065) Yes No							i	
o Per								
(J) General or managing partner? Yes No								
× 20 %								
(i) e V-UE frin bor edule n 1069							i	
Code Schut Forn								
ons?			1					
(h) Disproportionate allocations?								
, in								İ
(g) Share of end-of-year assets								
Sh end								
	<u> </u>							
5 6								
(f) Share of total income								
<i>σ</i> =								
No No		<u> </u>						
(e) Are all partners sec 501(c)(3) orgs?								
Predominant income prediction (related, unrelated, excluded from lax under sections 512-514)								
(d) nant inc , unrela rom tax s 512-5								
domini lated, ded fro								
Prec (re excluc sec								
cıle e								
(c) gal domic ate or fore country)								
(c) Legal domicile (state or foreign country)					,			
1 **			-					
/rty								
(b) Primary activity								:
(I								
, A		<u> </u>						
(a) Name, address, and EIN of entity								
is, an								
(a) ddres								
me, a								
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Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	F <u>00</u> D	RESEARCH	AND ACTION	N CENTER	23-7200739 Page 5
Part VII	(Form 990) 2014 Supplemental Ir	nformation				
	Provide additional inf	formation for res	sponses to questi	ons on Schedule R (see instructions)	
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