For Paperwork Reduction Act Notice, see the separate instructions.

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.

2018

DLN: 93493025016031 OMB No. 1545-0047

Open to Public Inspection

Depar Treasu Interna	ıry	of the enue Service	mation.	tion. Open to Public Inspection			
A F	or th	ne 2019 c	alendar year, or tax year beginning 10-01-2018 , and ending 09-30	-2019		_	
☐ Ac	ldress	applicable: change hange	C Name of organization THE FOOD TRUST		D Employ 23-267		fication number
	itial re	_	Doing business as				
		rn/terminated ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	0	E Telephor	ne numbei	-
		ion pending	1617 JOHN E KENNEDY BLVD NO 000	e	(215) 5	75-0444	
			City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19103		G Gross re	eceipts \$ 7	.920.119
			F Name and address of principal officer:	H(a) is t	his a group re		,,
			MARK EDWARDS 1617 JOHN F KENNEDY BLVD NO 900 PHILADELPHIA, PA 19103	sub	ordinates? all subordina		□Yes ☑No □Yes □No
T Ta	ıx-exe	mpt status:			uded? No," attach a	list (see	
J W	lebsi	te:► WV	VW.THEFOODTRUST.ORG		oup exemption	•	•
K For	m of o	organization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of for	mation: 1992	M State	of legal domicile: PA
Р	art I	Sum	mary				
Governance		ENSURING	scribe the organization's mission or most significant activities: G EVERYONE HAS ACCESS TO AFFORDABLE NUTRITIOUS FOOD AND INFOR				SIONS
Ó5			is box ▶ ☐ if the organization discontinued its operations or disposed of m of voting members of the governing body (Part VI, line 1a)	ore than 25	5% of its net a	assets.	11
	1		of independent voting members of the governing body (Part VI, line 1b)			4	11
Activities &	5	Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	144
χţ	6	Total nur	mber of volunteers (estimate if necessary)			6	600
A	7a	Total unr	related business revenue from Part VIII, column (C), line 12			7a	(
	b	Net unre	lated business taxable income from Form 990-T, line 34	<u></u>	•	7b	(
				F	Prior Year		Current Year
<u>đ</u> i	8		tions and grants (Part VIII, line 1h)		7,141,	613	6,685,78
Ravenue	9	-	service revenue (Part VIII, line 2g)		1,929,		1,225,75
Ω.	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)			101	8,34
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5, 9,079,	785	7,920,119
	-		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,079,		7,920,11
	1		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)			0	
	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		6,579,		6,199,14
Expenses	1		onal fundraising fees (Part IX, column (A), line 11e)		0,373,	0	0,155,14
<u>8</u>	Ι.		raising expenses (Part IX, column (D), line 25) ▶258,272			1	
ă	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,133,	433	3,180,25
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,713,	178	9,379,39
	19	Revenue	less expenses. Subtract line 18 from line 12		-633,	580	-1,459,28
Net Assets or Fund Balances				Beginnii	ng of Current \	/ear	End of Year
Bak	20	Total ass	ets (Part X, line 16)		3,492,	784	3,780,99
₩ ₩	21	Total liab	ilities (Part X, line 26)		808,	070	2,555,56
Zζ	22	Net asse	ts or fund balances. Subtract line 21 from line 20		2,684,	714	1,225,43
Unde know	rledge (now	nalties of pe and beliedge.	ature Block erjury, I declare that I have examined this return, including accompanying set, it is true, correct, and complete. Declaration of preparer (other than officents) * ure of officer	er) is based			
Her		MARK	EDWARDS CEO				
			or print name and title				
		F		te		PTIN	7
Pai	d			s	elf-employed	P0048109	/
Pre	-	ei	Firm's name CLIFTONLARSONALLEN LLP	F	Firm's EIN 🕨 41	-0746749	
Use	e Or	nly	Firm's address ► 610 W GERMANTOWN PIKE SUITE 400	F	Phone no. (215)	643-3900	
May 1	the II	RS discuss	PLYMOUTH MEETING, PA 19462 this return with the preparer shown above? (see instructions)				res □ No

Cat. No. 11282Y

Form **990** (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	nse or note to	any line in this Part III		🗹
1		rganization's mission:				
REGI THRO	ONAL AND NATIONAL I	LEADER IN DEVELOPIN	G NEW STRATE	GIES TO PREVENT CH	TO MAKE HEALTHY FOOD AVAILAI HILDHOOD OBESITY AND OTHER D IDE NUTRITION EDUCATION IN UI	IET-RELATED DISEASES
2	the prior Form 990 or	undertake any significa r 990-EZ? se new services on Sch		- ,	which were not listed on	☐ Yes ☑ No
3	services?	cease conducting, or m		3	ducts, any program	☑Yes ☐No
	If "Yes," describe the	se changes on Schedul	e O.			
4	Section 501(c)(3) and		ns are required	to report the amount	e largest program services, as mea t of grants and allocations to others	
4a	(Code: See Additional Data) (Expenses \$	3,035,864	including grants of \$	0) (Revenue \$	0)
4b	(Code: See Additional Data) (Expenses \$	1,656,533	including grants of \$	0) (Revenue \$	1,225,752)
4c	(Code: See Additional Data) (Expenses \$	1,177,893	including grants of \$	0) (Revenue \$	0)
	See Additional Data 1					
4d		es (Describe in Schedu	•			
	(Expenses \$	1,030,495 incl		•	0) (Revenue \$	0)
4e	Total program serv	rice expenses ►	6,900,7	85		

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
7	If "Yes," complete Schedule D, Part I 2	6		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
	If "Yes," complete Schedule D, Part III 🥦			No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
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	Yes	
	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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	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		No
16	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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No
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		No
			orm 00	0 (2018)

• • • • • • • • • • • • • • • • • • • •	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
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		No
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		No
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		No
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Check if Schedule O contains a response or note to any line in this Part V $% \left(A_{1}\right) =A_{1}\left(A_{2}\right) +A_{2}\left(A_{3}\right) +A_{3}\left(A_{3}\right) +$ Yes No

67

0

1c

Form 990 (2018)

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . **1**a **b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable . 1b

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
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).			

3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
C	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 6a Nο solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 70 Nο **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f

No

14b

15

Nο

Form 990 (2018)

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:

11a **b** Gross income from other sources (Do not net amounts due or paid to other sources

11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. 13a **b** Enter the amount of reserves the organization is required to maintain by the states in

13b which the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

-orm	990 (2	018)					Page
Pai		Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	ule O.	See instructions.	" resp	onse to	lines V
Se	ction	A. Governing Body and Management					
				1		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	11			
	If ther	re 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					
ь		r committee, explain in Schedule O. the number of voting members included in line 1a, above, who are independent					
b	Liitei	the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did ar officer	ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	itionship with any other	2		No
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did th	e organization have members or stockholders?			6		No
7a		e organization have members, stockholders, or other persons who had the power to sers of the governing body?	o elec	t or appoint one or more	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No
8		e organization contemporaneously document the meetings held or written actions llowing:	undert	taken during the year by			
а	The g	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who o ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code		
						Yes	No
		e organization have local chapters, branches, or affiliates?	٠,٠		10a		No
	and b	s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b		
	form?				11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form					
		e organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually int cts?	erests	that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	e organization have a written whistleblower policy?	•		13	Yes	
14	Did th	e organization have a written document retention and destruction policy?			14	Yes	
15		e process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and					
a	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b		No
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a		e organization invest in, contribute assets to, or participate in a joint venture or sine entity during the year?	milar a	arrangement with a	16a		No
b	in join	s," did the organization follow a written policy or procedure requiring the organizat It venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard th				
			•		16b		
<u>Se</u> 17		C. Disclosure le States with which a copy of this Form 990 is required to be filed▶					
1/	LIST	PA , NY , N	IJ, CA				
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the					
		own website $\ \square$ Another's website $\ ot \!$		•			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do, , and financial statements available to the public during the tax year.					
20		the name, address, and telephone number of the person who possesses the organ ORGANIZATION 1617 JOHN F KENNEDY BLVD NO 900 PHILADELPHIA, PA 19103					<u> </u>

Part VII

(14) THOMAS J LEWIS

(15) YAEL LEHMANN

PRESIDENT & CEO

(16) JOHN WEIDMAN

EXECUTIVE VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

(17) WILLIAM MCKINNEY

MEMBER (RETIRED AUGUST 2019)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization	n and any relate	d orgai	nizati	ons.				,	, , , , , , , , , , , , , , , , , , , ,	,
 List all of the organization's former director organization, more than \$10,000 of reportable control 										
List persons in the following order: individual trus compensated employees; and former such perso		rs; insti	tutio	nal t	rust	ees;	offic	ers; key employee	s; highest	
\square Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ASH HANSON MEMBER	2.00	Х						0	0	0
(2) BARBARA GOLD MD MEMBER	2.00	Х						0	0	0
(3) SAJAN PHILIP MEMBER	2.00	Х						0	0	0
(4) LUCINDA AYERS MEMBER	2.00	Х						0	0	0
(5) LOREN ROBINSON MD MEMBER	2.00	Х						0	0	0
(6) GARY V GORDON MD MEMBER	2.00	Х						0	0	0
(7) DEBORAH COHEN MEMBER	3.00	Х						0	0	0
(8) SUZANNE MCHENRY CPA TREASURER	2.00	Х		х				0	0	0
(9) MARY KATE HARKINS SECRETARY	2.00	Х		x				0	0	0
(10) OLAKUNLE EKUNDARE VICE-CHAIR	2.00	Х		x				0	0	0
(11) ANGEL RODRIGUEZ CHAIR	2.00	Х		х				0	0	0
(12) CAROLYN LATIMORE PHD CHAIR (RETIRED SEPTEMBER 2019)	4.00	Х		х				0	0	0
(13) WILLIAM GEORGE TREASURER (RETIRED MAY 2019)	2.00	Х		x				0	0	0

2.00

40.00

40.00

40.00

Х

Х

Х

Form 990 (2018)

13,846

9,332

9,332

0

0

0

0

0

199,334

148,787

148,253

Page 8

Form 990 (2018)													Page 8
Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	st Compens	ated	Employees (cont	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	Average hours per week (list any hours for related Average hours per week (list any hours for related hours per week (list any hours pe						(E) Reportable compensatio from relate organization (W- 2/1099 MISC)	on d ns	(F) Estimated amount of other compensation from the organization and			
	below dotted line)	Individual trustee or director	Institutional Trustee	ider I	Key employee	Highest compensated employee	Former			,		organiz	
(18) DWAYNE WHARTON DIRECTOR OF EXTERNAL AFFAIRS	40.00					Х		1	28,837		0		1,307
(19) TRICIA DRESSEL	40.00					X		1	14,150		0		7,624
DIRECTOR OF HUMAN RESOURCES (20) KAREN SHORE	40.00	••••											
DIRECTOR	40.00					X		1	09,187		0		7,958
1b Sub-Total					•			848,548			0		49,399
Total number of individuals (including but of reportable compensation from the organical compensation)	not limited to				/e) w	/ho re	ceive	ed more thar	\$100	,000	·		
.												Yes	No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>			кеу •	•mp	•	e, or r	nigne •	est compensa	ted er	nployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations grindividual										he			
5 Did any person listed on line 1a receive o										dual for	4	Yes	
services rendered to the organization?If '	•	Schedu	ile J f	or s	uch ,	persor	٠.		•	• •	5		No
Section B. Independent Contractors Complete this table for your five highest	compensated in										npen	sation	
from the organization. Report compensat	(A) business address	idar ye	ar en	uing	WITH	i or w	ıtnın			(B) tion of services		(C Compen	
YOUR PART-TIME CONTROLLLER	ousniess dudiess									SERVICES		Compen	315,450
1500 WALNUT STREET SUITE 1200 PHILADELPHIA, PA 19102													
CORPORATE FACILITIES 2129 CHESTNUT STREET								OFFICE EQUIPM		TURE AND			223,156
PHILADELPHIA, PA 19103 MENARK TECHNOLOGIES								IT SER\	/ICES				124,073
65 MORGAN CREED RD EARLVEVILLE, MD 21919													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Part	VII	Ì	Statement of	Revenue									
			Check if Schedul	e O contains a	respo	onse or note to any	/ line in this (A)	Part VIII	 (B		 (C)	[<u> </u>
							Total rev	enue	Relate	ed or	Unrelated	Revenue	
									exer func	tion	business revenue	excluded from tax under secti	
	1	a F	ederated campaig	ns	1 a				reve	nue		512 - 514	
nts ints			Membership dues	l.	1b	<u> </u> 							
3ra nou			Fundraising events	Į.	1c	<u> </u>							
, (S			Related organizatio	ļ.	1d	<u> </u>							
Gif ia			Government grants (co	ļ.	1e	3,832,766							
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions,										
utio er (and similar amounts no above	ot included	1f	2,853,022							
를 돌			Noncash contributio	ns included									
nd n			n lines 1a - 1f:\$ 「otal. Add lines 1a-	.1f									
9	_		Totali / Ida III Ida		•	Busines		585,788				<u> </u>	
nue	2:	a PR	OGRAM INCOME			- Busines.		98	34,201	984,	201		
Program Service Revenue		_	ARKET FEES				900099	24	11,551	241,	551		
Se B		_					900099						
ervi		• —			_								
E S		. —											
gra	f	: Al	l other program se	rvice revenue									
Æ	g	To	tal. Add lines 2a–2	f		•	225,752						
			restment income (in			interest, and other		8,348					3,348
			ilar amounts) . ome from investme				<u> </u>	0,340					
				(i) Real		(ii) Personal							
	6	a Gr	ross rents										
		b L	ess: rental expenses										
		_ D	ental income or										
	ļ '		oss)										
	,	d N	let rental income o										
	7.	s Gr	oss amount	(i) Securit	ies	(ii) Other							
	′	fro	om sales of sets other										
		tha	an inventory										
	ı		ess: cost or ther basis and										
	١.		ales expenses iain or (loss)										
			let gain or (loss) .			▶	_						
	8	a Gr	ross income from fu	undraising eve									
Other Revenue		CO	ot including \$ ontributions reporte	d on line 1c).									
₽ A			ee Part IV, line 18										
r R			ess: direct expense: et income or (loss)			ents .							
the		a Gr	ross income from g	aming activiti		ents •							
0		Se	ee Part IV, line 19		a								
		b∣e	ess: direct expense	s	a b								
			et income or (loss)			ies 🕨							
	10		ross sales of invent turns and allowand										
		10	turris and anowaric	es	а								
	ı	b Le	ess: cost of goods s	old	b								
	_	c Ne	et income or (loss)		invent								
	1	1aw	Miscellaneous			Business Code	99	231					231
	-	-•• [V	1ISCELLANEOUS IN	COME		90005		231					_JI
		ь—											
	١,	_c —											
	,	d Al	l other revenue .										
		e To	otal. Add lines 11a	-11d		>		231					
	1:	2 To	otal revenue. See	Instructions.				7,920,119		1,225,752		0 8	3,579
								.,,20,119	<u> </u>	1,663,136		Form 990 (2)	_

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	·	lete column (A).	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	203,756	101,878	50,938	50,940
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,958,702	4,174,855	669,843	114,004
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	43,159	38,453	2,976	1,730
9 Other employee benefits	611,542	537,234	45,697	28,611
10 Payroll taxes	381,985	333,889	29,321	18,775
11 Fees for services (non-employees):				
a Management				
b Legal	79,363		79,363	
c Accounting	379,025		379,025	
d Lobbying	19,500		19,500	
e Professional fundraising services. See Part IV, line 17			·	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	391,949	342,298	37,800	11,851
12 Advertising and promotion	55,977	55,537	415	25
13 Office expenses	318,639	164,843	127,200	26,596
14 Information technology	152,027	585	151,442	
15 Royalties			· ·	
16 Occupancy	521,006	45,691	475,315	
17 Travel	246,032	218,677	25,656	1,699
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	· ·
19 Conferences, conventions, and meetings	186,730	164,850	20,370	1,510
20 Interest	1,011	126	840	45
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,696		25,696	
23 Insurance	36,117	8,820	27,297	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
expenses on Schedule O.) a PROJECT INCENTIVES	306,577	306,311	266	
b EDUCATIONAL MATERIALS	193,520	192,529		991
c FOOD PURCHASES	123,066	121,809	972	285
d PROGRAM SUPPLIES	85,919	85,902		17
e All other expenses	58,101	6,498	50,410	1,193
25 Total functional expenses. Add lines 1 through 24e	9,379,399	6,900,785	2,220,342	258,272

Form **990** (2018)

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

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form	1 990	(2018)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			905,555	1	945,908
	2	Savings and temporary cash investments .		[55,000	2	5,000
	3	Pledges and grants receivable, net		,	1,088,012	3	922,719
	4	Accounts receivable, net			1,284,672	4	1,413,676
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees. Complete		5		
its	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations	ersons (as defined under B(c)(3)(B), and of section 501(c)(9)		6		
Assets	8	Inventories for sale or use		8			
AS	9	Prepaid expenses and deferred charges	<u> </u>				26,652
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	463,542	<u> </u>		
	ь	Less: accumulated depreciation	10b	48,225	56,412	10 c	415,317
	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			37,918	15	51,726
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	3,492,784	16	3,780,998
	17	Accounts payable and accrued expenses			540,871	17	459,998
	18	Grants payable				18	
	19	Deferred revenue			258,746	19	1,008,511
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
<u> </u>		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ited thi	ird parties		23	1,000,000
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24		s to related third parties,	8,453	25	87,055

Complete Part X of Schedule D 808.070 2.555.564

26 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

complete lines 27 through 29, and lines 33 and 34. -220,365 Unrestricted net assets 693,231 27 27

Temporarily restricted net assets 1,991,483 28 29 Permanently restricted net assets

28 1,445,799 29 Organizations that do not follow SFAS 117 (ASC 958),

Net Assets or Fund Balances check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30

31

32

33

34

2,684,714

3,492,784

1,225,434

3,780,998

Form **990** (2018)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

31

32

33

34

Form	990 (2018)				Page 12
Pa	Reconcilliation 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		7	,920,119
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	,379,399
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	,459,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,684,714
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		1	,225,434
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-2678383

Name: THE FOOD TRUST

Form 990 (2018)

Form 990, Part III, Line 4a:

FOOD IN THEIR NEIGHBORHOODS ON A BUDGET.

NUTRITION EDUCATION - THE FOOD TRUST (TFT) WORKS TO INCREASE ACCESS TO HEALTHY FOOD IN UNDERSERVED AREAS, ALONG WITH PROVIDING NUTRITION EDUCATION TO CHILDREN AND FAMILIES. IN THE PAST YEAR, TFT'S TEAM OF EDUCATORS CONDUCTED THE SCHOOL NUTRITION EDUCATION PROGRAM IN AROUND 80

ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN LOW-INCOME NEIGHBORHOODS OF PHILADELPHIA, NORRISTOWN, LANSDOWNE, CHESTER, ALLENTOWN, BETHLEHEM, AND READING, PA, AS WELL AS CAMDEN, NJ. TFT STAFF WORKED WITH CHILDREN AND THEIR FAMILIES, PROVIDING CLASSROOM LESSONS, PARENT WORKSHOPS, YOUTH LEADERSHIP PROGRAMS, SCHOOL-WIDE ACTIVITIES SUCH AS TASTE TESTS, AND SPECIAL ACTIVITIES, SUCH AS COOKING IN THE CLASSROOM AND FARM FIELD TRIPS. TEACHERS AT PARTICIPATING SCHOOLS RECEIVED NUTRITION EDUCATION MATERIALS AND LESSON PLANS TO HELP INCORPORATE NUTRITION INTO THEIR CURRICULUM. TFT STAFF COLLABORATED WITH SCHOOL AND COMMUNITY STAKEHOLDERS TO INNOVATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES AT THESE SCHOOL SITES, INCLUDING THE IMPLEMENTATION OF STUDENT-RUN FARM STANDS, CREATION OF SCHOOL GARDENS AND GARDENING CLUBS, AND RE-EVALUATION OF SCHOOL FOOD SERVICES. IN ADDITION, TFT PROVIDES NUTRITION EDUCATION FOR ADULTS IN LOW-INCOME COMMUNITIES OF PHILADELPHIA, NORRISTOWN, CHESTER, ALLENTOWN, LANSDOWNE, AND READING, PA, AS WELL AS CAMDEN, NJ. HELD IN CHURCHES, LIBRARIES, FOOD STORES, AND OTHER COMMUNITY SITES, THESE ADULT NUTRITION EDUCATION LESSONS AND WORKSHOPS INTRODUCED PARTICIPANTS TO NEW FRUITS AND VEGETABLES. TAUGHT THEM HOW TO PREPARE HEALTHY MEALS.

AND PROVIDED EDUCATIONAL TOURS OF NEARBY SUPERMARKETS, FARMERS MARKETS, AND HEALTHY CORNER STORES TO TEACH THEM HOW TO PURCHASE NUTRITIOUS

Form 990, Part III, Line 4b: NATIONAL CAMPAIGN FOR HEALTHY FOOD ACCESS - THE NATIONAL CAMPAIGN FOR HEALTHY FOOD ACCESS WORKS ON A NUMBER OF PROJECTS TO IMPROVE

AND TECHNICAL ASSISTANCE TO OTHER ORGANIZATIONS ACROSS THE COUNTRY WITH SHARED GOALS.

NUTRITION, HEALTH AND COMMUNITY DEVELOPMENT IN UNDERSERVED AREAS ACROSS THE COUNTRY. THROUGH COLLABORATIONS WITH A VARIETY OF CROSS-SECTOR PARTNERS, THE CAMPAIGN IS WORKING TO STRENGTHEN FEDERAL NUTRITION PROGRAMS, SUCH AS SNAP, SNAP-ED AND HFFI. THE CAMPAIGN HAS WORKED AT THE LOCAL, STATE AND FEDERAL LEVEL ON HFFI, IN AN EFFORT TO ENCOURAGE HEALTHY FOOD RETAIL DEVELOPMENT AND EXPANSION IN COMMUNITIES ACROSS THE

COUNTRY. THE NATIONAL CAMPAIGN HOSTS THE ANNUAL HEALTHY FOOD ACCESS CONVENING IN WASHINGTON TO FACILITATE A COMMUNITY OF PRACTICE AMONG ORGANIZATIONS WITH SIMILAR GOALS. BY CONVENING THE SNAP-ED STRATEGY GROUP, THE CAMPAIGN WORKED TO SUPPORT THE SNAP-ED PROGRAM AT THE FEDERAL

LEVEL DURING THE RECENT PASSAGE OF THE FARM BILL. THE CAMPAIGN IS WORKING WITH BUSINESSES TO FOCUS MARKETING EFFORTS ON HEALTHIER CHOICES AND ALSO PROMOTES THE HEALTHY FOOD ACCESS PORTAL SO ORGANIZATIONS AND BUSINESSES CAN SHARE SUCCESSES WITH ONE ANOTHER, AND PROVIDES RESOURCES

IS EXPANDING SNAP-INCENTIVE PROGRAMS THAT PROVIDE SUPPORT TO MAKE HEALTHIER FOOD MORE AFFORDABLE FOR THOSE ON FOOD STAMPS. THE CAMPAIGN

YOUTH LEADERSHIP AND THE GET HYPE PHILLY INITIATIVE - TFT CONTINUED ITS GET HYPE PHILLY! INITIATIVE, A COLLECTIVE OF 10 NONPROFITS LED BY TFT. THE COLLECTIVE WORKS TO EDUCATE AND EMPOWER PHILADELPHIA TEENS TO PARTICIPATE IN YOUTH LEADERSHIP ACTIVITIES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY, AND BUILD HEALTHIER COMMUNITIES. AS PART OF THIS INITIATIVE, TFT CONTINUED ITS HYPE (HEALTHY YOU. POSITIVE ENERGY.) YOUTH

LEADERSHIP PROGRAM, WHICH INSPIRES MIDDLE AND HIGH SCHOOL STUDENTS TO BECOME LEADERS AND ADVOCATES TO IMPROVE HEALTH AND WELLNESS IN THEIR SCHOOLS AND COMMUNITIES, FOSTERING CHANGE AMONG THEMSELVES, THEIR PEERS AND FAMILIES. THIS PAST YEAR, THE AGENCY'S HYPE STAFF PROVIDED TRAINING AND ASSISTANCE TO DEVELOP YOUTH-LED WELLNESS COUNCILS IN 75 PUBLIC SCHOOLS. DURING THE SCHOOL YEAR, HYPE STUDENT LEADERS ASSESSED

Form 990, Part III, Line 4c:

THEIR FOOD ENVIRONMENT, THEN DESIGNED AND IMPLEMENTED HEALTHY ACTION PLANS TO INCREASE FOOD AND FITNESS OPPORTUNITIES IN THEIR SCHOOLS AND

COMMUNITIES. TFT ALSO HOSTED TWO YOUTH LEADERSHIP SUMMITS, WHICH EMPOWERED YOUTH LEADERS FROM PHILADELPHIA AND CAMDEN, NEW JERSEY, TO

CONNECT WITH STUDENTS ACROSS THESE TWO CITIES AND THINK ABOUT CREATIVE WAYS THEY CAN IMPROVE HEALTH AND WELLNESS AT THEIR SCHOOLS. THIS YEAR,

THE HYPE TEAM EXPANDED THEIR HEALTHY RETAIL PROGRAMMING BY WORKING WITH YOUTH-LED WELLNESS COUNCILS TO PROMOTE NEARBY FARMERS MARKETS AND

HEALTHIER OPTIONS THAT ARE AVAILABLE AT THE CORNER STORE, AS WELL AS WORKING WITH PARTNERS TO HOLD IN-SCHOOL PRODUCE STANDS.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

ALIGN WITH THE CORE VALUES AND MISSION OF THE ORGANIZATION.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 212.645 including grants of \$ 0) (Revenue \$ 0)

AVAILABILITY OF NUTRITIOUS FOOD IN UNDERSERVED NEIGHBORHOODS THAT LACK SUPERMARKETS OR OTHER FRESH-FOOD RETAILERS. THE INITIATIVE HAS SINCE GROWN: TFT WORKS IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH DEPARTMENTS, COMMERCE DEPARTMENTS,

DEVELOP HEALTHY CORNER STORE NETWORKS IN BOTH RURAL AND URBAN COMMUNITIES. TFT STAFF CURRENTLY LEAD DIRECT PROGRAMMING IN OVER 1,000 GROCERY STORES ACROSS SIX STATES. ADDITIONALLY, STAFF HAS SUPPORTED HEALTHY FOOD RETAIL PROGRAMMING IN

SMALL STORES IN MORE THAN 30 STATES AS A TECHNICAL ASSISTANCE PROVIDER, SHARING RESOURCES, INCLUDING BILINGUAL MARKETING MATERIALS AND ONE-ON-ONE TRAINING TO HELP STOREOWNERS STOCK AND SELL HEALTHY FOOD. TFT EMPLOYS HCSI AMBASSADORS TO IDENTIFY CULTURALLY RELEVANT HEALTHY FOOD FOR INVENTORY. PROMOTE HCSI PROGRAMMING IN THEIR COMMUNITY. AND HELP STORE

OWNERS IMPROVE AND SUSTAIN THE HEALTHY RETAIL ENVIRONMENT. ANOTHER COMPONENT OF TFT'S HCSI IS THE "HEART SMARTS" PROGRAM, A STORE-BASED NUTRITION EDUCATION MODEL THAT INCLUDES LESSONS, TASTE TESTS, AND INCENTIVES TO ENCOURAGE

CONSUMERS TO MAKE HEART-HEALTHY CHOICES AS STORES BEGIN STOCKING NEW HEALTHY PRODUCTS. IN COLLABORATION WITH LOCAL HEALTH CARE PARTNERS. TFT OFFERS FREE BLOOD PRESSURE. HEART-RISK ASSESSMENT AND/OR ANXIETY SCREENINGS WITH COUNSELING

AND REFERRALS IN SOME OF THE STORES WE WORK WITH.

(Code:) (Expenses \$ 213,988 including grants of \$ 0) (Revenue \$

CONSULTING SERVICES - TET DEVELOPED CONSULTING SERVICES TO HELP PUBLIC AND PRIVATE ORGANIZATIONS PROMOTE GOOD NUTRITION AND INCREASE ACCESS TO NUTRITIOUS FOODS BOTH THROUGHOUT THE UNITED STATES. AS WELL AS INTERNATIONALLY. TFT'S CONSULTING

DEPARTMENT SHARES THE ORGANIZATION'S DEEP KNOWLEDGE BASE TO REPLICATE ITS SUCCESSFUL, INNOVATIVE PROGRAMS. THE CONSULTING DEPARTMENT IS COMPRISED OF STAFF WITH DIVERSE BACKGROUNDS, INCLUDING EXPERIENCE IN PUBLIC HEALTH POLICY, HEALTHY FOOD RETAIL, FEDERAL NUTRITION PROGRAMS, REGIONAL FOOD SYSTEMS AND DISTRIBUTION STRATEGIES. HEALTHY EQUITY, AND

IMPLEMENTATION AND EVALUATION, COMPREHENSIVE COMMUNITY FOOD ASSESSMENTS, TECHNICAL ASSISTANCE (TA), AND FOOD EVENT MANAGEMENT. ADDITIONALLY, TFT IS A CERTIFIED SUBCONTRACTOR ON SEVERAL MAJOR FEDERAL CONTRACTS WITH THE U.S. DEPARTMENT OF AGRICULTURE AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION. TFT'S STAFF WORKS DIRECTLY WITH FEDERAL, STATE, LOCAL, COMMERCIAL AND NONPROFIT ENTITIES ON A WIDE VARIETY OF HEALTHY FOOD ACCESS PROGRAMS AND POLICY INITIATIVES. RANGING FROM PROVISION OF TECHNICAL ASSISTANCE TO CONSULTING SUPPORT FOR LARGER PROGRAMS AND FEDERAL PUBLIC HEALTH INITIATIVES THAT

FARM TO SCHOOL INITIATIVES. TFT'S CONSULTING SERVICES INCLUDE STRATEGIC PLANNING, PROGRAM AND POLICY DESIGN,

COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENTS, HEALTHCARE PARTNERS, AND COMMUNITY-BASED PARTNERS AND RESIDENTS TO

HEALTHY CORNER STORE INITIATIVE - TFT DEVELOPED THE HEALTHY CORNER STORE INITIATIVE (HCSI) IN 2004 TO INCREASE THE

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

ENTREPRENEURSHIP.

others, the total expenses, and revenue, if any, for each program service reported.

including grants of \$ (Code:) (Expenses \$ 330.240 0) (Revenue \$ 0) FARMERS MARKET AND FOOD BUCKS PROGRAMS - TO INCREASE HEALTHY FOOD ACCESS IN SOUTHEASTERN PENNSYLVANIA. TFT OPERATES A NETWORK OF 22 FARMERS MARKETS WITH COMMUNITY PARTNERS, PROVIDING RESIDENTS WITH ACCESS TO FRESH PRODUCE AND NUTRITION-

RELATED EDUCATIONAL ACTIVITIES AND EVENTS. MANY OF THESE MARKETS ARE LOCATED IN LOWER INCOME NEIGHBORHOODS WITH LOW

ACCESS TO HEALTHY, AFFORDABLE FOOD. THE FARMERS MARKET PROGRAM CONTINUED ITS OUTREACH EFFORTS TO PROMOTE THE

CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY PROVIDING ON-SITE NUTRITION EDUCATION AND COOKING DEMONSTRATIONS AT A NUMBER OF MARKETS IN UNDERSERVED COMMUNITIES IN PHILADELPHIA. TFT ALSO CONTINUED ITS PHILLY FOOD BUCKS PROGRAM, A COUPON INCENTIVE PROGRAM THAT PROVIDES MARKET CUSTOMERS WITH A \$2 COUPON FOR FREE FRUITS AND VEGETABLES EACH TIME THEY SPEND \$5.

AT THE MARKET USING THEIR SNAP (FOOD STAMP) BENEFITS. BASED ON THE SUCCESS OF THE FOOD BUCKS COUPON PROGRAM, TFT CONTINUED EXPANDING ITS HEALTHY FOOD INCENTIVE WORK ACROSS PENNSYLVANIA AND CAMDEN, NEW JERSEY. TO MAKE HEALTHY FOOD MORE AFFORDABLE FOR PEOPLE USING SNAP BENEFITS. FOOD BUCKS ARE NOW ACCEPTED AT FOUR SUPERMARKETS ACROSS PENNSYLVANIA. WITH THREE IN PHILADELPHIA AND ONE IN PITTSBURGH. THE ORGANIZATION HAS ALSO CONTINUED TO IMPLEMENT FOOD BUCKS RX, A FRUIT

AND VEGETABLE PRESCRIPTION PROGRAM TARGETING LOW-INCOME PEDIATRIC PATIENTS AND THEIR FAMILIES. IN PARTNERSHIP WITH

COOPER UNIVERSITY HOSPITAL IN CAMDEN. (Code:) (Expenses \$ 121,433 including grants of \$ 0) (Revenue \$

NIGHT MARKET PROGRAM - NIGHT MARKETS ARE PHILADELPHIA'S PREMIER ROVING, OUTDOOR FOOD FESTIVALS HELD THROUGHOUT THE

SPRING AND SUMMER, WHERE AS MANY AS 85 MOBILE FOOD VENDORS, NEIGHBORHOOD RESTAURANTS AND CATERERS CONVENE TO SELL A VARIETY OF DELICIOUS, MULTI-ETHNIC FOODS. SHOWCASING THE DIVERSE FOOD SCENE IN PHILADELPHIA. AS PART OF TFT'S LARGER EFFORT

TO BUILD A HEALTHY FOOD ECONOMY IN THE PHILADELPHIA REGION, THE AGENCY'S NIGHT MARKET TEAM PROVIDES TRAINING AND

TECHNICAL ASSISTANCE TO HELP LOCAL FOOD ENTREPRENEURS MARKET AND EXPAND THEIR BUSINESSES. AND NAVIGATE CITY POLICIES. SINCE 2010. TFT HAS HOSTED 31 NIGHT MARKETS IN 21 PHILADELPHIA NEIGHBORHOODS. IN 2018. NIGHT MARKET VISITED THE

NEIGHBORHOODS OF BURHOLME, GAYBORHOOD, KENSINGTON, AND POINT BREEZE, ATTRACTING CUMULATIVE CROWDS OF OVER 76,000. IN ADDITION, PROGRAM STAFF PROVIDED TRAINING AND TECHNICAL SUPPORT TO SEVERAL GROUPS SEEKING TO HOST THEIR OWN LOCAL FOOD POP-UP EVENTS MODELED AFTER NIGHT MARKET, WHICH WE CALL NIGHT MARKET HYBRIDS. PAST PARTNERS HAVE INCLUDED THE BENJAMIN FRANKLIN PARKWAY, LANKENAU HOSPITAL, TEMPLE UNIVERSITY AND MORE. THROUGH BOTH FULL-SCALE EVENTS AND SMALLER CONSULTING ENGAGEMENTS, TFT'S NIGHT MARKET PROGRAM HAS HELPED TO HIGHLIGHT UP AND COMING PHILADELPHIA NEIGHBORHOODS, ESTABLISHING THESE URBAN CORRIDORS AS APPEALING CIVIC CENTERS AND COMMERCIAL CORRIDORS. AND DRIVING ECONOMIC DEVELOPMENT AND FOOD

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 152,189 including grants of \$ 0) (Revenue \$ 0)

FARM TO SCHOOL AND FARM TO EARLY CARE - TFT STAFF PROVIDE TRAINING AND TECHNICAL ASSISTANCE FOR SCHOOLS, EARLY CARE AND

STATEWIDE CAMPAIGN TO INCREASE PUBLIC AND GOVERNMENTAL SUPPORT FOR FARM TO EARLY CARE PROGRAMS IN DIVERSE CHILDCARE SETTINGS, ESPECIALLY IN UNDERSERVED URBAN AND RURAL AREAS. TFT RELEASED A NEW REPORT, READY SET GROW: EMERGING STRATEGIES TO SUPPORT FARM TO EARLY CARE AND EDUCATION IN PENNSYLVANIA. WHICH DESCRIBES FARM TO ECE. SHOWCASES PROVIDERS ADOPTING FARM TO ECE PRACTICES ACROSS THE COMMONWEALTH, AND DESCRIBES WHY ACCESS TO GOOD FOOD AND HIGH-QUALITY LEARNING ENVIRONMENTS ARE CRITICAL FOR EVERY CHILD IN PENNSYLVANIA. THE NEED FOR EQUITABLE, RESILIENT, RESPONSIVE ECE AND FOOD SYSTEMS PERSISTS IN PENNSYLVANIA, AND THIS REPORT HIGHLIGHTS EXAMPLES OF HOW EXISTING STATE-LEVEL SYSTEMS CAN HELP ADVANCE FARM TO ECE IN EVERY COMMUNITY. AS A CORE PARTNER TO THE NATIONAL FARM TO SCHOOL NETWORK, TFT ALSO COORDINATED, PROMOTED AND EXPANDED THE FARM TO SCHOOL MOVEMENT THROUGHOUT THE STATES OF PENNSYLVANIA AND NEW JERSEY. THE AGENCY CONTINUED WORK TO BETTER SERVE THE SUPPLY SIDE OF THE FARM TO SCHOOL COMMUNITY THROUGH DEVELOPING STRONGER PARTNERSHIPS WITH FARMERS, DISTRIBUTORS, AND OTHER VENDORS. TFT ALSO DEVELOPED A RACIAL EQUITY FRAMEWORK TO SUPPORT MORE EQUITABLE PROGRAM IMPLEMENTATION AND OUTCOMES IN COMMUNITY FOOD SYSTEMS AND SHARED IT ACROSS THE AGENCY.

EDUCATION CENTERS. FARMERS. AND OTHER GROUPS WORKING TO IMPLEMENT AND SUSTAIN FARM TO INSTITUTION PROGRAMS AND

PRACTICES. IN ADDITION TO HELPING CENTERS BUILD THEIR CAPACITY FOR FARM TO EARLY CARE ACTIVITIES, TFT LED A MULTI-PARTNERED

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

етне с	SKAPHIC pr	int - DO NOT PROCES	SS As Filed Data -			DLN: 9	3493025016031
	DULE A	Publi	c Charity Statu	s and Pul	olic Supp	ort	OMB No. 1545-0047
orm 0EZ)	990 or)	Complete if the	e organization is a sect 4947(a)(1) nonexo ▶ Attach to Form	empt charitable	trust.	a section	2018
	nt of the Treasury	▶ Go	to <u>www.irs.gov/Form</u>				Open to Public Inspection
me o	evenue Service of the organiz O TRUST	ation				Employer identific	<u> </u>
		(1 - 15 1 > 6	23-2678383	
art :		for Public Charity St a private foundation beca				see instructions.	
Г	☐ A church,	convention of churches, o	r association of churches	described in sec	tion 170(b)(1)	(A)(i).	
	 □ A school o	lescribed in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 9	90 or 990-EZ).)		
Г	 □ A hospital	or a cooperative hospital	service organization desc	ribed in section	170(b)(1)(A)(iii).	
	_	research organization ope /, and state:	erated in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
		zation operated for the beat (iv). (Complete Part II.)	nefit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
· [A federal,	state, or local governmen	t or governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
<u> </u>		zation that normally receiv . 70(b)(1)(A)(vi). (Comp		s support from a	governmental u	ınit or from the gener	al public described ir
	A commu	nity trust described in sec	tion 170(b)(1)(A)(vi).	(Complete Part I	I.)		
	An agricu non-land	tural research organization grant college of agriculture	n described in 170(b)(1) e. See instructions. Enter)(A)(ix) operate the name, city, a	d in conjunction and state of the	with a land-grant coll college or university:	ege or university or
	from activ	zation that normally receivities related to its exempt it income and unrelated buse section 509(a)(2).	functions—subject to cer usiness taxable income (l	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
		zation organized and opera		or public safety. S	ee section 509	(a)(4).	
	more pub	zation organized and opera licly supported organizatio La through 12d that descri	ns described in section 5	509(a)(1) or se	ction 509(a)(2). See section 509(a	
	Type I. A organizat	supporting organization o on(s) the power to regular Part IV, Sections A and	perated, supervised, or c ly appoint or elect a maj	ontrolled by its s	upported organiz	zation(s), typically by	
	managem	A supporting organization ent of the supporting organ plete Part IV, Sections	nization vested in the sai				
		functionally integrated.					ited with, its
	Type III functional	organization(s) (see instr non-functionally integrally ly integrated. The organiza ns). You must complete	ated. A supporting organ	ization operated	in connection wi	th its supported orgai	
	Check this	s box if the organization re l, or Type III non-function	ceived a written determii	nation from the I		pe I, Type II, Type II	I functionally
Er	_	er of supported organization					
Pr	ovide the follo	wing information about the		(s).			
(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
tal							
	erwork Redu	ction Act Notice, see the	e Instructions for	Cat. No. 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 201

(b)(1)(A)(ix)

Part II

10

11

12

(f)Total

38.420.388

18,061

23,393

38,461,842

7.430.749

94,470 %

94.840 %

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year

	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	8,704,437	8,120,242	7,768,308	7,141,613	6,685,788	38,420,388
2	Tax revenues levied for the organization'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	8,704,437	8,120,242	7,768,308	7,141,613	6,685,788	38,420,388
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,087,315
6	Public support. Subtract line 5						36,333,073

from line 4.

5,512

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2017 Schedule A, Part II, line 14

Section B. Total Support Calendar year (a)2014 (b)2015 (or fiscal year beginning in) ▶ 8.704.437 8.120.242 Amounts from line 4. . Gross income from interest, dividends, payments received on 1,181 1,998 securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the

business is regularly carried on. . Other income. Do not include gain or loss from the sale of capital 500 assets (Explain in Part VI.). . Total support. Add lines 7 through 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

3,433

11,365

7,768,308

(c)2016

3,101

(d)2017

7.141.613

5,785

(e)2018

12

14

6.685.788

8,348

231

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► 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 business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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. 4c 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c 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 (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) 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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	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 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		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6**

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. . . . c Excess from 2016.

schedule A (Form 990 or 990-EZ) 2	.018	Page 8						
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V	ne 1;						
	Facts And Circumstances Test								
OO Cabaa	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Schedule A, Supplemental Information Return Reference Explanation MICELLANEOUS INCOME - 2014 AMOUNT: \$ 500. 2015 AMOUNT: \$ 5,512. 2016 AMOUNT: \$ 11,365. 2017								
390 Scheu	idle A, Supplemen	tai information							
Ret	urn Reference	Explanation							
	A, PART II, LINE 10,	MICELLANEOUS INCOME - 2014 AMOUNT: \$ 500. 2015 AMOUNT: \$ 5,512. 2016 AMOUNT: \$ 11,365. 20:	 L7						

EXPLANATION OF OTHER AMOUNT: \$ 5,785. 2018 AMOUNT: \$ 231.

INCOME:

Political Campaign and Lobbying Activities

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493025016031

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

If the organization answered "Yes" on 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" on 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" on 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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** THE FOOD TRUST 23-2678383 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and

			-0-		directly delivered to a separate political organization. If none, enter -0	
1						
2						
3						
4						
5						_
6						
For Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat.	No. 50084S	Schedule C (I	Form 990 or 990-EZ) 2018	

e Grassroots ceiling amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

	300001 301(11/).						
4	Check if the filing organization belongs expenses, and share of excess lob		- ' '	in Part IV each a	ffiliated gro	oup member's name	, address, EIN,
В	Check \blacktriangleright \square if the filing organization checked	box A and "l	imited control" p	rovisions apply.			
	Limits on Lobb (The term "expenditures" m			rred.)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public	opinion (gras	ss roots lobbying))			
b	Total lobbying expenditures to influence a legisl	lative body (direct lobbying) .		[
C	Total lobbying expenditures (add lines 1a and 1	.b)			[
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	.c and 1d)					
f	Lobbying nontaxable amount. Enter the amount columns.	t from the fo	llowing table in b	oth			
	If the amount on line 1e, column (a) or (b)) is: The lo	bbying nontaxa	ble amount is:			
	Not over \$500,000	20% of	the amount on line	1e.			
	Over \$500,000 but not over \$1,000,000	0.					
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,0	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the ex				
	Over \$17,000,000	\$1,000,	000.				
							1
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)			Γ		
h	Subtract line 1g from line 1a. If zero or less, en	iter -0			ľ		
i	Subtract line 1f from line 1c. If zero or less, ent	ter -0					
j	If there is an amount other than zero on either						☐ Yes ☐ No
	section 4911 tax for this year?		•••••			•••••	□ res □ No
	4-Yea (Some organizations that mad columns below. S	le a sectio	n 501(h) elec		ive to co		e five
	Lobbying	Expenditu	res During 4-	Year Averagir	ng Period	<u> </u>	
	Calendar year (or fiscal year beginning in)		(a) 2015	(b) 2016	(c) 20	17 (d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
			1			i i	i

Page **2**

che	dule C (Form 990 or 990-EZ) 2018				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi Form 5768 (election under section 501(h)).	led				
or c	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a))		(b)	
ctiv		Yes	No		Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?	Yes				19,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i					19,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), oi	r secti	on		
	1				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members				01 (c)(6)
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
	Taxable amount of lobbying and political expenditures (see instructions)	5				
5	raxable amount of lobbying and political expenditures (see instructions)	-				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation PART II-B, LINE 1: TFT'S ONLY LOBBYING ACTIVITY IS IN THE FORM OF A PAYMENT TO NVG, AN INDEPENDENT THIRD PARTY THAT CONDUCTS LOBBYING ACTIVITIES ON BEHALF OF TFT. NVG WORKS WITH TFT TO DEVELOP A STRATEGY IN WASHINGTON, DC FOR ADVOCACY CAMPAIGNS AND POLICY DEVELOPMENT THAT IS DIRECTLY RELATED TO TFT'S EXEMPT PURPOSE. NVG ALSO PROVIDES ONGOING STRATEGIC ADVICE WITH RESPECT TO THE LEGISLATIVE PROCESS AND POLICY POSITIONS. NVG WILL LEAD EFFORTS WITH TFT TO

> ENGAGE THE USDA, THE EXECUTIVE BRANCH AND CONGRESS TO SUCCESSFULLY LIFT UP SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) AS A SUCCESSFUL FEDERAL PROGRAM. NVG

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493025016031

OMB No. 1545-0047

Supplemental Financial Statements

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

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Department of the Treasury Internal Revenue Service

(Form 990)

► Go to www.irs.gov/Form990 for the latest information.

	me of the organization FOOD TRUST			Employer identifica	tion number
THE	FOOD TRUST			23-2678383	
Pa	organizations Maintaining Donor Advis			or Accounts.	
	Complete if the organization answered "Ye	s" on Form 990, Part (a) Donor adv		(b)Funds and ot	her accounts
1	Total number at end of year	(a) Bollot day	visca ranas	(b) and and oc	THE GEOGRAPHS
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 advisor	re in writing that the ac	sets held in donor ad	lviced funds are the	
,	organization's property, subject to the organization's ex-	clusive legal control? .	· · · · · · · · · ·		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for	r any other purpose o		e 🗌 Yes 🗌 No
Pa	rt II Conservation Easements. Complete if th	e organization answ	ered "Yes" on Forr	n 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held by the organ	nization (check all that a	apply).		
	\square Preservation of land for public use (e.g., recreation	or education) \Box	Preservation of an	historically important la	and area
	Protection of natural habitat		Preservation of a d	certified historic structur	re
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation o	contribution in the for	rm of a conservation	
	easement on the last day of the tax year.	•			nd of the 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	,	` '	2c	
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and	not on a historic	2d	
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguishe	ed, or terminated by	the organization during	the
4	Number of states where property subject to conservatio	n easement is located 🕽	-		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, is?	inspection, handling i 	of violations,	es 🗆 No
6	Staff and volunteer hours devoted to monitoring, inspec •	ting, handling of violati	ons, and enforcing co	onservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, a	and enforcing conser	vation easements during	g the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requi	rements of section 1	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				s 🗆 No
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organiz		nse statement, and	
Par	Organizations Maintaining Collections Complete if the organization answered "Ye:			er Similar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educa	ation, or research in f	atement and balance sho furtherance of public ser	eet works of vice,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, education	, or research in furth	erance of public service	, provide the
(i) Revenue included on Form 990, Part VIII, line 1			> \$	
(i	i)Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or other s	similar assets for fina		
а	Revenue included on Form 990, Part VIII, line 1	, ,		▶\$	
h					
F I	Assets included in Form 990, Part X	f = 000		F2202D C	· (F

Part		Organizations Ma	aintaining Col	lections of A	irt, Histori	cal T	reası	ıres, or Ot	her Similar A	ıssets (continu	ued)	
3		the organization's acq (check all that apply):		n, and other rec	cords, check	any of	the fo	llowing that	are a significant	use of its	s collec	ction	
а		Public exhibition			d		Loan	or exchange	programs				
b		Scholarly research			e		Othe	r					
c		Preservation for future	e generations										
4	Provide Part >	de a description of the XIII.	organization's co	lections and ex	plain how the	ey furtl	ner the	e organizatio	n's exempt purp	ose in			
5	Durin	ig the year, did the org is to be sold to raise fur								□ Ye	es	□ N -	0
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			n Form 990	, Part	IV, li	ne 9, or re	ported an amo	unt on I	Form 9	990,	Part
1a		e organization an agent ded on Form 990, Part I								□ Ye	es	□ n	o
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete t	the following	table:				Amount			_
c	Begin	nning balance						10	:				_
d	Addit	ions during the year .						10	1				_
e	Distri	butions during the year	r					. 16	2				
f	Endin	ng balance						1f	-				
2a	Did th	he organization include	an amount on Fo	orm 990, Part X	, line 21, for	escrov	or cu	stodial accou	unt liability?	. 🗆 Ye	es	□м	_ o
b		es," explain the arrange							•	_			
	rt V	Endowment Fun											
				(a)Current ye		rior yea		(c)Two years			(e) Fo	ur year	s back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
c	Net inv	estment earnings, gair	ns, and losses										
d (Grants	or scholarships											
		expenditures for facilition	es										
f ,	Admini	istrative expenses .											
g	End of	year balance											
2 a		de the estimated perce d designated or quasi-e			lance (line 1	g, colu	mn (a))) held as:					
b		anent endowment >											
	Temp	oorarily restricted endo	wment >										
•		percentages on lines 2a	***************************************	 ıld equal 100%.									
3a		here endowment funds	not in the posses	ssion of the orga	anization tha	t are h	eld an	d administer	ed for the		_		
	-	nization by:								_		Yes	No
	• •	nrelated organizations				•					a(i) a(ii)	\dashv	
b		elated organizations . es" on 3a(ii), are the re			ired on Sche	· · · dule R	?.				3b		
4		ribe in Part XIII the inte	-										
Par	t VI	Land, Buildings,	and Equipme	nt.									
		Complete if the or	ganization ansv	vered "Yes" or									
	Descri	iption of property	(a) Cost or ot (investme) Cost or other	basis (other)	(c) Accumul	ated depreciation	1	(d) Boo	k value	e
1 a	Land												
b	Buildin	gs											
c	Leaseh	old improvements					91,604		4,580				87,024
d I	Equipm	nent				3	71,938		43,645				328,293

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

Part VII					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		hod of valuation: of-year market value
-	al derivatives				
-	- inela equity litter ests	· · · ·			
۹)					
3)					
C)					
D)					
≣)					
-)					
G)					
H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	>			
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' or	n Form 990, F	Part IV, line 1	1c. See Form 990), Part X, line 13.
	(a) Description of investment	(b) B	ook value		hod of valuation: of-year market value
L)					
2)					
3)					
1)					
5)					
5)					
7)					
7) 8) 9)					
8) 9) otal. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	b			
B) Otal. (Colum	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answe (a) Descript		m 990, Part IV	line 11d. See Form	n 990, Part X, line 15. (b) Book value
3) Otal. (Colum Part IX	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
B) Otal. (Colum Part IX	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
otal. (Columnart IX	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
Part IX	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
Part IX 2) 2)	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
potal. (Column Part IX	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
Part IX 2) 3) 3) 5) 6) 6) 6) 6)	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
potal. (Column Part IX	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
3) Potal. (Column Column	Other Assets. Complete if the organization answe		m 990, Part IV	line 11d. See Form	
3) Potal. (Column 2) 3) 3) 4) 5) 7) Sotal. (Column Column Co	Other Assets. Complete if the organization answe (a) Descript	tion			(b) Book value
Dotal. (Column 1)	Other Assets. Complete if the organization answe (a) Descript (a) Descript (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	tion	es' on Form S		(b) Book value
Part IX 2) 3) 2) 3) 3) 4) 5) 6) 7) 6) 7) 6) Part X	Other Assets. Complete if the organization answe (a) Descript (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization	tion			(b) Book value
potal. (Column Part IX	Umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answer that the organization See Form 990, Part X, line 25. (a) Description of liability	tion	es' on Form S		(b) Book value
ptal. (Column)))))))))))))))))))	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
ptal. (Column)))))))))))))))))))	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
ptal. (Column less less less less less less less les	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
potal. (Column Part IX Part X	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
potal. (Column Part IX Part X	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
Part X Part X	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
9) potal. (Column Part IX 1) 2) 3) 4) 5) potal. (Column Part X 1) Federal EFERRED (2) 3) 4) 5) 7)	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value
9) potal. (Column Part IX 1) 2) 3) 4) 5) 7) otal. (Column Part X . 1) Federal	Other Assets. Complete if the organization answe (a) Descript amn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	tion	es' on Form S		(b) Book value

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

	complete in the digamization and the control in soci in an exp	,		
1	Total expenses and losses per audited financial statements		1	9,379,399
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	a		
b	Prior year adjustments	b		
_	Other lesses			

2d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e 3 3

Subtract line 2e from line 1 . 9,379,399 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

4b b Other (Describe in Part XIII.)

Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5

5 9.379.399 Part XIII Supplemental Information

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

Return Reference Explanation See Additional Data Table

Page 5		chedule D (Form 990) 2018		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 23-2678383

Name: THE FOOD TRUST

Supplemental Information

Return Reference

Explanation

PART X, LINE 2:

THE ORGANIZATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SEC TION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). ACCORDINGLY, NO PROVISION FOR FEDERAL OR R STATE INCOME TAXES HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. DONORS MAY DEDUCT CONTRIBUTIONS TO THE ORGANIZATION AS PROVIDED BY THE INTERNAL REVENUE SERVICE CODE. THE ORGANIZATION'S INFORMATIONAL TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION BELIEVES THERE ARE NO UNCERTAIN TAX POSITION S THAT NEED TO BE DISCLOSED IN THE FINANCIAL STATEMENT.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19302	25016	031	
Sch	nedule J	Co	ompensati	ion Information	10	1B No.	1545-0	0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest							
Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					, line 23.	2018			
Б			► Attach	to Form 990. instructions and the latest inforn		Open to Public			
-	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	101	matructions and the fatest infor	nation.		ectio		
	me of the organization	ation			Employer identificat	tion nu	ımber		
					23-2678383				
Pa	rt I Questi	ons Regarding Compensa	tion				I		
1 a				the following to or for a person liste y relevant information regarding the			Yes	No	
		,	III to provide an						
		s or charter travel companions	H	Housing allowance or residence for Payments for business use of perso	•				
	_	nification and gross-up payment	s 🗍	Health or social club dues or initiation					
		nary spending account		Personal services (e.g., maid, chauf	feur, chef)				
	T66 +1 1	: : 4	h 6						
b		xes in line Ia are checked, did t all of the expenses described abo		ollow a written policy regarding paym Iplete Part III to explain	nent or reimbursement	1b			
2				or allowing expenses incurred by all	. 1-2	2			
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line	elar				
3				ed to establish the compensation of the thore to the check any boxes for methods	ne				
				CEO/Executive Director, but explain i	n Part III.				
	✓ Compens	ation committee		Written employment contract					
	_ '	ent compensation consultant	<u>~</u>	Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No	
b	Participate in, o	r receive payment from, a suppl	emental nonqual	ified retirement plan?		4b		No	
С			,	nsation arrangement?		4c		No	
	ir res to any c	or lines 4a-c, list the persons and	u provide the app	olicable amounts for each item in Part	E 111.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?				5a		No	
b		anization?				5b		No	
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	-	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	نائد به ممثل ۸ م	the organization provide any nonfixe	A.				
7				rt III		7		No	
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do 		8		No	
9				presumption procedure described in		9		110	
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	1 990)	2018	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of column	Do no ns (B	ot list any individuals that .)(i)-(iii) for each listed in	it are not listed on Form 99 adividual must equal the to	90, Part VII. otal amount of Form 990	, Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	at individual.
(A) Name and Title			of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 YAEL LEHMANN PRESIDENT & CEO	(i)	182,493	16,841	0	2,027	11,819	213,180	0
	(ii)	0	0	0	0	0	0	0
2 JOHN WEIDMAN EXECUTIVE VICE PRESIDENT		148,787	0	0	1,557	7,775	158,119	0
	(ii)		0	0	0	0	0	0
3 WILLIAM MCKINNEY EXECUTIVE VICE PRESIDENT	7:5	148,253	0	0	1,557	7,775	157,585	0
	(ii)	0	0	0	0	0	0	0
			'					
			'					
			†	1				
			1					
	<u>—</u>	<u> </u>					Schedule	e 1 (Form 990) 2018

Schedule J (Form 990) 2018					
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
Return Reference	Explanation				
PART I, LINE 3	THE BOARD CHAIR AND THE EXECUTIVE COMMITTEE DETERMINE AND APPROVE THE BONUS FOR THE PRESIDENT AND CEO. THE REVIEW USES SEVERAL				

METRICS TO DETERMINE THE CALCULATION, INCLUDING AN EMPLOYEE SURVEY AND AUDIT RESULTS.

I (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS					DLN: 93493025016031		
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Form 990 or 990-EZ. Form 990 or 990-EZ. Form 990 or 990-EZ. Form 990 or 990-EZ.					OMB No. 1545-004: 2018 Open to Public Inspection		
Namel & the of the of the food trust	amization e O, Supplemental Information		·	loyer identif 678383	ication number		
Return Reference	o, cappionicial anotherination		Explanation				
FORM 990, PART III, LINE 3	THE HYPE SERIES PROGRAM WAS DIS NOT RENEWED BY ANOTHER FUNDER THE LEADERS IN THE PROGRAM HAVE STAFF LEFT AND OTHERS JOINED NEV	, SO SOME OF TAKEN OVER	THE PROGRAM WAS ABSORBED I	NTO THE SN	AP-ED WORK.		

990 Schedule O, Supplemental Information

Return

Reference	·
FORM 990,	TFT HAS AN EXECUTIVE COMMITTEE THAT CAN EXERCISE THE AUTHORITY OF THE BOARD BETWEEN BOARD
PART VI,	MEETINGS. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, CO-CHAIR, TREASURER AND SECRE
SECTION A,	TARY OF THE BOARD. THE AUTHORITY OF THE EXECUTIVE COMMITTEE DOES NOT INCLUDE THE FOLLOWING
LINE 1	: (A) ELECT, APPOINT, APPROVE OR REMOVE BOARD MEMBERS (B) CHANGE THE NUMBER OF REQUIRED BO
	ARD MEMBERS (C) ESTABLISH COMMITTEES

Explanation

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	A DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER WITH THE FINANCE COMMITTEE AND THEN P
PART VI,	RESENTED TO THE FULL BOARD. A DRAFT OF THE FORM 990 IS THEN PROVIDED TO ALL VOTING MEMBERS
SECTION B,	OF THE GOVERNING BODY AND APPROVED BEFORE IT IS FILED.
LINE 11B	

990 Schedule O, Supplemental Information Return Explanation

FORM 990,	THE BOARD OF DIRECTORS, STAFF AND VOLUNTEERS ARE COVERED UNDER THE ORGANIZATION'S CONFLICT
PART VI,	OF INTEREST POLICY. THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT EXISTS AND THE R
SECTION B,	EVIEWS THE CONFLICTS. THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS MAY APPROVE THE
LINE 12C	PROPOSED ACTION OR TRANSACTION UPON FINDING THAT IT IS IN THE BEST INTERESTS OF THE CORPOR
	ATION. THE BOARD SHALL CONSIDER WHETHER THE TERMS OF THE PROPOSED TRANSACTIONS ARE FAIR AN
	D REASONABLE TO THE ORGANIZATION AND WHETHER IT WOULD BE POSSIBLE, WITH REASONABLE EFFORT,
	TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTY ORIENTATED THAT IS NOT AN INTERESTED
	PARTY.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE COMPENSATION FOR THE PRESIDENT/CEO IS REVIEWED ON AN ONGOING BASIS BY THE COMPENSATION
PART VI,	COMMITTEE, WHICH IS COMPRISED OF THE EXECUTIVE COMMITTEE AS WELL AS THE CHAIR OF THE STRA
SECTION B,	TEGIC PLANNING COMMITTEE. THE COMMITTEE RELIES ON THE RECENT STUDY FOR COMPARABILITY DATA
LINE 15A	CONDUCTED BY A COMPENSATION CONSULTANT IN COMBINATION WITH THE SELF-REVIEW REPORT SUBMITTE
	D BY THE PRESIDENT/CEO TO THE COMMITTEE. THE DELIBERATION AND FINAL DECISION ARE TIMELY DO
	CUMENTED AS PART OF THE BOARD AND COMMITTEE MINUTES.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, E WEBSITE AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

LINE 19