# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2017 calendar year, or tax year beginning 10/01 , 2017, and endi	ng 12	/31	, 20 17		
В	Check if a	applicable C Name of organization FOOD EQUALITY INITIATIVE INC		D Employe	r identification nu	mber	
	Address of	· ·		47-2377396			
П	Name cha		urte	E Telephon	e number		
$\overline{\sqcap}$	Initial retu	· •			816-800-0884		
$\overline{\Box}$		Viterminated City or town, state or province, country, and ZIP or foreign postal code					
	Amended			G Gross re	ceipts \$	7,743	
	Application	n pending F Name and address of principal officer: Emily Brown	H(a) is this a g	oup return for s	ubordinates? 🔲 Yes	✓ No	
		11 East 40th Street, Kansas City, MO 64111	H(b) Are all	subordinates	included? Tes	□ No	
	Tax-exem	pt status	If "No," atta	ich a list (se	e instructions)		
<u> </u>	Website:		H(c) Group	exemption	number 🕨		
K	Form of o	rganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 2014	M State	of legal domicile	KS	
Р	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: To in	nprove health	and end h	unger in low inc	come	
9	1	individuals diagnosed with food allergies and Celiac disease through access to sa	fe and healthy	food, nut	rition education	, and	
Activities & Governance	١ .	advocacy					
ern		Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	ts net assets.		
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3		4	
æ		Number of independent voting members of the governing body (Part VI, line 1b	o)	4		4	
9		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5		0	
₹	1	Total number of volunteers (estimate if necessary)		6		25	
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a		0	
_	1	Net unrelated business taxable income from Form 990-T, line 34		7b		0	
	<del> </del> -	Tot differences bearings to take a free free free free free free free f	Prior Ye		Current Ye		
	8	Contributions and grants (Part VIII, line 1h)		75,935		7,743	
Revenue		Program service revenue (Part VIII, line 2g)		0		0	
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0			
	1					7 7/2	
_	<del> </del>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	75,935 0		7,743 0	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0			
	1	Benefits paid to or for members (Part IX, column (A), line 4)					
Expenses	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b></b>	0		4,390	
ë	1	Professional fundraising fees (Part IX, column (A), line 11e)		0		0	
꼾		Total fundraising expenses (Part IX, column (D), line 25)   0	ļ				
_		Other expenses (Pari IX, Column (A) lines 11a-11d, 11f-24e)		76,925	6,10		
)		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		76,925		10,491	
)		Revented less expenses. Subtract life 18 from line 12	D	-990	F-4-6Va	-2,748	
s or			Beginning of Ci		End of Ye		
Net Assets	20	Total assets (Part X, line 16)		7,768		15,748	
A P	21	Total liabilities (Par X Nine 26)		0		2,391	
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	7,768	<u>.</u>	13,357	
	art II	Signature Block	<del></del> .				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stall and complete Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and	belief, it is	
	ie, correct	and complete Declaration of preparer (other than onice) is based on an information of which preparer	Tel rias ariy kilow				
e:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7	1		
Sig		Signature of officer	U	ate $\wedge \leq /$	11/2/10		
He	re	Sheila Walker, Board Treasurer		USIC	<u>טוטעןית</u>		
		Type or print name and title	Data	<del></del>	PTIN		
Pa	iid	Preparer's name Preparer's signature	Date	Check	<b>□</b> # }		
Pr	epare			self-em	pioyea	_	
Us	se Onl	Firm's name	Fire	n's EIN ▶			
		Firm's address ►	Ph	one no.			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		Ye:		
Fo	r Paperw	ork Reduction Act Notice, see the separate instructions. Cat	No. 11282Y	11	Form \$	<b>990</b> (2017	
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_		<b>5</b>			
Form 9	90 (2017)	•			Page <b>2</b>
Part	Statement of P	rogram Service	Accomplishments		
	Check if Schedu	ıle O contains a ı	response or note to any line in this Pa	art III	. <i></i> . <u>_</u>
1	Briefly describe the or	ganization's missi	on:		
			income individuals diagnosed with food not advocacy		
2	prior Form 990 or 990-	EZ?	nificant program services during the year		☐Yes ☑No
3	If "Yes," describe thes Did the organization services?	cease conductin	n Schedule O. g, or make significant changes in he 	ow it conducts, any program	☐Yes ☑No
	If "Yes," describe thes	e changes on Sch	nedule O.		
4	expenses. Section 50	1(c)(3) and 501(c)	ervice accomplishments for each of its (4) organizations are required to report for each program service reported.		
4a	To improve health and	end hunger in low	3,066 including grants of \$income individuals diagnosed with food	allergies and Celiac disease thro	ugh access to
	safe and healthy food,	nutrition education	n, and advocacy		
4b	(Code:) (Ex	penses \$	including grants of \$	) (Revenue \$	)

(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				<b>,,,</b>

4d	Other program	services (Describe in Schedule O.)
	(Expenses \$	0 including grants of \$

4c

art	Checklist of Required Schedules		T	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
_	complete Schedule A	1	7	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		~
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		~
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		~
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? If "Yes," complete Schedule D, Part I	6	~	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		~
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		٧
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		,
	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		/
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		,
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		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a		14a	<u> </u>	~
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		-
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		~
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		v
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		~
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		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
			000	1 (0047

Form 99				age 4
Part	V Checklist of Required Schedules (continued)	•		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	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		v
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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
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		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
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		\ \
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		v
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V V
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	~
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	_	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	v_
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		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	V	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del>· · ·</del>	Yes	. L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	٥	<del>                                     </del>	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	히	1	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	a	į	
	reportable gaming (gambling) winnings to prize winners?	1c	1	[ 
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		}
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<del> </del>	<b>↓</b>
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	├	\ <u>'</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit		├	┼─
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		V
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 Account (FBAR)	s		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>}</b>	-
Ь	gifts were not tax deductible?	"   6b		
7	Organizations that may receive deductible contributions under section 170(c).	100	<del> </del>	<del> </del>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s		
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract			1
f	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 required	7f 7g	+	1
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?		┼	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		†	╁
	sponsoring organization have excess business holdings at any time during the year?	8	]	<b> </b>
9	Sponsoring organizations maintaining donor advised funds.			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	ļ
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1	}	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ĺ	
11	Section 501(c)(12) organizations. Enter:	7		ļ
а	Gross income from members or shareholders			1
þ	Gross income from other sources (Do not net amounts due or paid to other sources		Ì	
	against amounts due or received from them.)		l	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		╁
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\neg$		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	4_	
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1-	1
	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1-	+-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					
Secti	on A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4					
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer disperse tweeter or less employees have a family relationship or a hydrogen relationship with					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	,		/		
3	Did the organization delegate control over management duties customarily performed by or under the direct	2				
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~		
6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		~		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_		
	stockholders, or persons other than the governing body?	7b		<b>/</b> _		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	~			
þ	Each committee with authority to act on behalf of the governing body?	8b	~			
9	, , , , , , , , , , , , , , , , , , ,					
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	I	<u> </u>		
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		~		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	102		_		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	_		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	١			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	7			
13	Did the organization have a written whistleblower policy?	13	~			
14	Did the organization have a written document retention and destruction policy?	14	~			
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		}	}		
а	The organization's CEO, Executive Director, or top management official	15a	~			
b	Other officers or key employees of the organization	15b	~			
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ĺ	1		
Casti	organization's exempt status with respect to such arrangements?	16b	L	L		
<u>Section</u>	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ None					
		501	(C)(3)	only		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501 available for public inspection. Indicate how you made these available. Check all that apply.						
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest in the control of the con	erest	policy	, and		
	financial statements available to the public during the tax year.			. "		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶			
	Sheila Walker, (816)800-0884					

om.	990	(2017)	

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Part VII	<b>Gompensation of Officers, Directors, Trus</b>	ees, Key Employees, Highest	Compensated Employees, and
•	Independent Contractors		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an tee)	( <b>D)</b> Reportable	(E) Reportable compensation from	(F) Estimated
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Robert Lee	4					}				
Board President	0	<b>'</b>		~				0	o	0
Sheila Walker	2									
Board Treasurer	0	~		~				0	0	0
Jan DeMoure	1									
Board Secretary	0	/		~		<u> </u>		0	0	0
Emily Brown	40			1		ł			ľ	
CEO	0		_	~	<u> </u>			4,038	0	3
							L			
							L			
				_						
	<u> </u>									

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	ntinue	ed).	
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	than on the state of the state	n an	(D)  Reportable compensation from	(E) Reportable compensation from		( <b>F)</b> Estimat amount othe	of
		hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compens from the organization and relations organizations	ation ne tion ted
			_					·					
			}					1					
													-
													<del></del>
						-		-					
												·	
										<u></u>			
		<del> </del>		-		-							<u> </u>
1b c	Sub-total	VII, Section	 on A	•	•		· ·	<b>▶</b>	4,038		0		0
d 2	Total number of individuals (including bu					ted	abov	e) w		ore than \$10	0,000	of	0
3	reportable compensation from the organ  Did the organization list any former of		tor, o	or tr	rust	 ee.	kev (	emr	oloyee, or high	nest compen	sated		es No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	Schedule J	for s	uch	ınd	ivid	ual	•				3	
•	organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization											5	~
Section	on B. Independent Contractors							_					
1	Complete this table for your five highest compensation from the organization. Repyear.												's tax
	(A) Name and business add	dress		_					(B) Description of s	services		(C) Compensati	on
None						_		F					
								<u> </u>					
2	Total number of independent contractor received more than \$100,000 of compens							o ti	hose listed ab	ove) who		•	

Part	VIII					
	•	Check if Schedule O contains a response or note	to any line in this	Part VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated campaigns 1a				
ra L	ь	Membership dues 1b	<b>d</b> 1			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c (	5			
	d	Related organizations 1d	5			
S,E	е	Government grants (contributions) 1e	5			
io IS	f	All other contributions, gifts, grants,	7 1			
but the		and similar amounts not included above 1f 7,743	s			
i o	g	Noncash contributions included in lines 1a-1f. \$	- I			
a Co	h	Total. Add lines 1a–1f	7,743	l		
ue		Business Code				
ven	2a		7			•
Re	b					
Vice	С					
Ser	d					
Æ	е					
Program Service Revenue	f	All other program service revenue .				
ď	g	<b>Total.</b> Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest, and other similar amounts)			ı	
	4	Income from investment of tax-exempt bond proceeds ▶	<del> </del>		<del></del>	
ĺ	5	Dougline				
l		(i) Real (ii) Personal				
	6a	Gross rents .	-			
	ь	Less: rental expenses				
	c	Rental income or (loss) 0 0	₹			
	d	Net rental income or (loss)	4 '			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	┪ !			
	b	Less cost or other basis	1			
		and sales expenses .				
	С	Gain or (loss) 0 (				
	d	Net gain or (loss)			<u>.</u>	
evenue	8a	events (not including \$ 0				
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a				
ือ	b	Less: direct expenses b	_			
	c 9a	Net income or (loss) from fundraising events . Gross income from gaming activities.				
		See Part IV, line 19 a	_			
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	ь	Less: cost of goods sold b	1			
	c	Net income or (loss) from sales of inventory	1			
		Miscellaneous Revenue Business Code	<u> </u>		· · ·	
- 1	11a		1			
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue See instructions	1 7740			1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	ll other organization	s must complete co	lumn (A),
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .	<del></del>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,			Ĭ	
	trustees, and key employees	4,038		4,038	0
6	Compensation not included above, to disqualified	İ	ŀ	į	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	0	0	0	0
٥	section 401(k) and 403(b) employer contributions				•
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0 352	0	352	0
11	Fees for services (non-employees):	352			<u>_</u> <u>U</u>
··· a	Management	o	o	o	0
b	Legal	0	0	0	
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	372	200	172	0
12	Advertising and promotion	368	0	368	0
13	Office expenses	547	427	120	0
14	Information technology	174	0	174	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17 18	Travel	364	364	0	0
10	for any federal, state, or local public officials	ا	o	ا	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0		0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	412	0	412	0
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	Business Registration Fees	75	0	75	0
b	Food for Pantries	2,075	2,075	0	0
C	Credit Card Processing Fees	414	0	414	0
d	Staff Development	1,300	0	1,300	
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	10.401	2011	7 405	
25 26	Joint costs. Complete this line only if the	10,491	3,066	7,425	
20	organization reported in column (B) joint costs			}	
	from a combined educational campaign and fundraising solicitation. Check here			ļ	
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . 7,768 1 15,748 2 2 0 3 3 o 0 4 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . 0 0 Assets 0 7 0 7 8 8 0 0 9 9 Prepaid expenses and deferred charges . . . 0 0 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 0 10c ь Less: accumulated depreciation . . . . 10b 11 0 11 12 Investments—other securities. See Part IV, line 11 . . . . . . 0 12 0 13 13 0 Investments – program-related. See Part IV, line 11 . . . 0 14 14 ol 0 15 0 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 7,768 16 15,748 0 17 17 Accounts payable and accrued expenses . . . . . . 2,391 18 18 0 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . ol 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 Total liabilities. Add lines 17 through 25 . 0 26 2,391 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . . . . 27 7,768 5,020 28 28 8,337 0 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . Net. 33 33 13,357 7,768 34 34 15,748 7,768 Form 990 (2017)

-orm 99	90 (2017)				Pa	ge <b>12</b>
Parl	XI Reconciliation of Net Assets		_	,		
	Check if Schedule O contains a response or note to any line in this Part XI				,	~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			-	7,743
2	Total expenses (must equal Part IX, column (A), line 25)	2			10	0,491
3	Revenue less expenses. Subtract line 2 from line 1	3			-:	2,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				7,768
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				8,337
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:	3,357
Part	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: 🗹 Cash 🗌 Accrual 🔲 Other		_	-	ļ	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	n			
	Schedule O.		-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	r	- (	ď	
	reviewed on a separate basis, consolidated basis, or both:				- 1	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-			
b				b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a			
	separate basis, consolidated basis, or both:			İ		
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			1		
	of the audit, review, or compilation of its financial statements and selection of an independent account			<u>c</u>	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	n	-		'
	Schedule O.					,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	n			
	the Single Audit Act and OMB Circular A-133?			a		~
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3	ь		

Form **990** (2017)

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

Department of the Treasury Internal Revenue Service

b

d

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **FOOD EQUALITY INITIATIVE INC** 47-2377396 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes

of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the

☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

supporting organization. You must complete Part IV, Sections A and B.

organization(s). You must complete Part IV. Sections A and C.

е	Check this box if the organ functionally integrated, or						e II, Type III						
f	Enter the number of supported			, -	_		[						
g	Provide the following information	n about the sup	ported organization(s).										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No								
(A)													
(B)													
(C)													
(D)													
(E)				-									
Tota	1	<del>                                     </del>		<del>                                     </del>									

Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secu	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	Gifts, grants, contributions, and			_			T	
	membership fees received. (Do not							
	include any "unusual grants.")	0	0	19,220	75,935		7,443	102,598
2	Tax revenues levied for the				_			
	organization's benefit and either paid	ì				}	<i>\</i>	
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the					) ,	/	
	organization without charge	ł					·	
4	Total. Add lines 1 through 3	0	0	19,220	75,935		7,443	102,598
5	The portion of total contributions by							
•	each person (other than a						ł	
	governmental unit or publicly	i				ĺ	ĺ	
	supported organization) included on						ł	
	line 1 that exceeds 2% of the amount						Ì	
	shown on line 11, column (f)					ľ	Ì	
6	Public support. Subtract line 5 from line 4	<del></del>		/		<del></del>		102,598
$\overline{}$	on B. Total Support	,		<u> </u>		<u> </u>		102,578
		(a) 2012	<b>(b)</b> 2014	(c) 2015	(d) 2016	(0)	2017	(f) Total
_	dar year (or fiscal year beginning in)	(a) 2013				(e)		
7		0	0	19,220	75,935		7,443	102,598
8	Gross income from interest, dividends,		,	<b>F</b>				
	payments received on securities loans,		. /					
	rents, royalties, and income from	ì	f f			ļ	ļ	
	similar sources						l	
9	Net income from unrelated business		f.					
	activities, whether or not the business	İ				Ì	1	
	is regularly carried on		<u>/</u>					<u> </u>
10	Other income. Do not include gain or	· /					1	
	loss from the sale of capital assets	ļ.				i		
	(Explain in Part VI.)	/	_		i	Ĺ		_
11	Total support. Add lines 7 through 10							102,598
12	Gross receipts from related activities, etc.	(see instruction	ons)			12		
13	First five years. If the Form 990 is for th	e organization	ı's first, secon	d, third, fourth	, or fifth tax y	ear as	s a sectio	n 501(c)(3)
	organization, check this box and stop her	,						
Secti	on C. Computation of Public Suppor	t Percentag	<u></u> -					
14	Public support percentage for 2017 (line 6			1. column (f))		14	T	100 %
15	Public support percentage from 2016 Sch	• • • • • • • • • • • • • • • • • • • •		,		15	<u> </u>	100 %
	331/3% support test-2017. If the organi							
	box and stop here. The organization qual							
b	331/3% support test-2016./If the organi	-		-				
_	this box and stop here. The organization							
470	10%-facts-and-circumstances test—20	•		_				_
17a	10%-racts-and-circumstances test—20 10% or more, and if the organization me	~				-	-	
	Part VI how the organization meets the "							
	<i>y</i>	iacio-aliu-cifC	umotantes le	sac me organi	zauon quanne	o as a	a publicly	anhhousen
	organization							🗆
b	10%-facts-and-circumstances test-20							
	15 is 10% of more, and if the organiza							
	Explain in Part VI how the organization n				~	-	ualities as	a publicly
	supported organization							<b>&gt;</b> 🗆
18	Private foundation. If the organization di				•			
	instructions	<u> </u>	<u></u>	· · · · ·	<u> </u>			🕨 🗆
	<del></del>				Sci	hadula	A /Form 90	0 or 990-F71 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support			, p.ouse se	pioto : ait	···· <i>y</i>	<del></del>
Calen	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		<u>.</u>				
	received. (Do not include any "unusual grants.")	О	0	19,220	75,935	7,743	102,898
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 under section 513				···		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				_		
5	The value of services or facilities furnished by a governmental unit to the organization without charge					•	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	19,220	75,935	7,743	102,898
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						-
8 8	Add lines 7a and 7b						102,898
Secti	on B. Total Support		·· . M	. 1			102,070
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	19,220	75,935	7,743	102,898
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		:				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	19,220	75,935	7,743	102,898
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2017 (line 8					15	100 %
16	Public support percentage from 2016 Sch	nedule A, Part I	II, line 15 .		<u></u>	16	100 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2017 (I			y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2016	Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests-2017. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die				•	-	

### Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on 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.)

<u>secu</u>	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		†"
6	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 organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	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 <b>Part VI.</b>	9b		
С	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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	W Supporting Opening tions (continued)			
rait	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following name of	'ــــا	162	140
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
а	below, the governing body of a supported organization?	11a		
ь	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 <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	
•	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,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ '		l
	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	1		1
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	·		1
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Section	on 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			Į
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	l	
	or management of the supporting organization was vested in the same persons that controlled or managed		}	
<del></del>	the supported organization(s).	1	<u></u>	<u> </u>
Section	on D. All Type III Supporting Organizations		1	
4			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		ļ	}
	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		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>-</del> -		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	ĺ	ĺ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Ì
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<del></del> -	<u> </u>	
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			İ
	supported organizations played in this regard.	3	1	[
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	 s)
а	☐ The organization satisfied the Activities Test, Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity.	see in	struci	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0-		
<b>L</b>	·	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	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b	1	1
2		<u> 20</u>	-	+
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly experient or elect a majority of the officers, directors, or			
а	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		ļ
h		Ja	+	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Pnor 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	1		
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		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	T		
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,	1		
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-functional	ly ın	tegrated Type III support	ing organization (see
instructions).	-		,

Part	Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)		
Sect	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	nizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
So	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
_1_	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				
с	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years			<u> </u>	
h	Applied to 2017 distributable amount				
i_	Carryover from 2012 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
C	Excess from 2015				
d	Excess from 2016				
ее	Excess from 2017			<u></u>	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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.)
	***************************************
	······································
<del></del>	
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### SCHEDULE D (Form 990).

Department of the Treasury Internal Revenue Service

**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.

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

OMB No. 1545-0047

Open to Public Inspection

FOOD	DEQUALITY INITIATIVE INC		47-2377396
Par		ised Funds or Other Similar Fun	
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	0
2	Aggregate value of contributions to (during year)	7,413	0
3	Aggregate value of grants from (during year) .	0	0
4	Aggregate value at end of year	8,337	0
5	Did the organization inform all donors and donor		eld in donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol? ✓ Yes 🗌 No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or for	or any other purpose
	conferring impermissible private benefit?		· · · · · · 🗹 Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	tion or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h	, ,	
d	Number of conservation easements included in	• •	1 1
•	•		
3	Number of conservation easements modified, trans tax year ▶	sterred, released, extinguisned, or terr	minated by the organization during the
4	Number of states where property subject to conser	nuction apparent in located >	
4 5	Does the organization have a written policy reg		postion handling of
,	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect		
·	L	ang, nanding of violations, and emoreing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing	conservation easements during the year
•	<b>&gt;</b> \$	g, nationing of violations, and officioning	oonoor valion oabolitorito daring ino you.
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
Pari	III Organizations Maintaining Collection		
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the form		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	ducation, or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
•	(II) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, following amounts required to be reported under S		
_	Povonus included on Form 000 Post VIII 1 4	A AC TTO (ACC 950) relating to these i	<b>L</b>
a h	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt; 5</b>

Page	2

Part										
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, chec	k any of the	e follov	wing that are a s	significant use,	of its
а	☐ Public exhibition			d	🗌 Loan	or exchang	e prog	rams		
ь	☐ Scholarly research			е	☐ Other	r				
С	☐ Preservation for future generations	s								-
4	Provide a description of the organiza XIII.	tion's	collections	and expla	ain how t	hey further t	the org	ganization's exer	mpt purpose in	Part
5	During the year, did the organization assets to be sold to raise funds rather									l No
Part	V Escrow and Custodial Arra					3			<u> </u>	110
	Complete if the organization 990, Part X, line 21.	_		on For	m 990, F	Part IV, line	9, or	reported an ar	nount on Forn	n
1a	Is the organization an agent, trustee	. cust	odian or oth	ner interm	nediary fo	or contributi	ons or	other assets n	ot	
	included on Form 990, Part X?								🗌 Yes 🗌	No
b	If "Yes," explain the arrangement in P	art XII	I and compl	ete the fo	llowing to	able:				
	•		•		_			7	mount	
C	Beginning balance						10			
d	Additions during the year						10			
е	Distributions during the year						1e	,		
f	Ending balance						11			
2a	Did the organization include an amount						ıstodia	l account liabilit	/? 🗌 Yes 🗀	No
b	If "Yes," explain the arrangement in P	art XII	I. Check her	e if the ex	xplanatio	n has been	provid	ed on Part XIII .		]
	V Endowment Funds.	_								
	Complete if the organization	ansv	vered "Yes	on For	m 990, F	Part IV, line	10.			
		(a)	Current year	(b) Pro	or year	(c) Two years	s back	(d) Three years bac	k (e) Four years t	oack
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses						_			
d	Grants or scholarships					<u> </u>			<del></del>	
е	Other expenditures for facilities and							<del> </del>	T	
	programs			ļ		ļ				
f	Administrative expenses									
g	End of year balance							<del>                                     </del>		
2	Provide the estimated percentage of	the cu	rrent vear ei	nd balanc	e (line 1c	a. column (a)	) held	as:		
а	Board designated or quasi-endowme				,	, ,	•			
ь	Permanent endowment									
С	Temporarily restricted endowment ▶		%							
	The percentages on lines 2a, 2b, and		ould equal 1	00%.						
3a	Are there endowment funds not in th				zation th	at are held a	and ad	lministered for t	he	
	organization by:	•		_					Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" on line 3a(ii), are the related of	organiz	ations listed	d as requi	red on S	chedule R?			3b	
4	Describe in Part XIII the intended uses								<u> </u>	
Part	VI Land, Buildings, and Equip	omen	t.		<u></u>					
	Complete if the organization			on For	m 990, I	Part IV, line	11a.	See Form 990	, Part X, line 1	0.
	Description of property		(a) Cost or o			or other basis		Accumulated	(d) Book value	
			(investn	nent)	(0	other)	d	epreciation		
1a	Land				<b> </b>					
þ	Buildings		· · · · · · · · · · · · · · · · · · ·		<del>-</del>					
C	Leasehold improvements				<b> </b>					
ď	Equipment	•								
e	Other	·			<u> </u>					
Total	Add lines 1a through 1e (Column (d) r	muet e	aual Form 9	190 Part	x columi	n (R) line 10	(c)	<b>&gt;</b> }		

Part VII	. Investments - Other Securities.		
:	Complete if the organization answered "Yes" on Form 990, Par		1
_	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financia	I derivatives		
	held equity interests	·	
(3) Other			
(A)			
(B)			
(C) (D)			<del> </del>
(E)			
(F)	•••••••••••••••••••••••••••••••••••••••		<del> </del>
(G)			
(H)			<del>-</del>
	(b) must equal Form 990, Part X, col (B) line 12 ) ▶	-	<del> </del>
Part VIII	Investments—Program Related.	<u>.l</u>	<u> </u>
T CITE VIII	Complete if the organization answered "Yes" on Form 990, Par	t IV line 11c See F	form 990 Part X line 13.
-	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Soot of the of year market value
(1)			<del> </del>
(2)		<del>                                     </del>	<del>                                     </del>
(3)		<del></del>	
(4)			
(5)	<del></del>	1	
(6)			<del></del>
(7) (8)			<del></del>
(9)			
	(b) must equal Form 990, Part X, col (B) line 13.) ▶		
Part IX	Other Assets.		.,
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11d. See l	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)	(1) (5) (20) D (1) (10) (15)		
	ımn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · ·	. P
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11e or 11	f. See Form 990, Part X,
	line 25.		
<b>1.</b>	(a) Description of liability		(b) Book value
	ncome taxes		
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)	<u> </u>		
	(b) must equal Form 990, Part X, col. (B) line 25 ) ▶		
	or uncertain tax positions. In Part XIII, provide the text of the footnote to the org	anization's financial et	atements that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the		

	Reconciliation of Revenue per Audited Financial Stateme	<del>-</del>	
	Complete if the organization answered "Yes" on Form 990, F		1 <b>4</b> T
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a	
a b	Donated services and use of facilities	<del></del>	}
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		1 1
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	]
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, F		, , ,
1	•		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l e - 1	
a	Donated services and use of facilities	2a	{
b	Prior year adjustments	2b	-
c d	Other losses	2c   2d	-
e	Add lines 2a through 2d	<del></del>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		1 1
		-HU	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Add lines <b>4a</b> and <b>4b</b>		4c 5
5 Part	Add lines 4a and 4b		5
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4, Part IV, lines 1b and 2l to provide any additional in	5 o; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2t to provide any additional in	5 b; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional ir	5 D; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional ir	5 D; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4, Part IV, lines 1b and 2l to provide any additional in	5 o; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 b; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2t to provide any additional in	5 D; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4, Part IV, lines 1b and 2l to provide any additional in	5 D; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 D; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional ir	5 D; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line afformation.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line aformation.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line afformation.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line afformation.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line afformation.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Add lines 4a and 4b	d 4, Part IV, lines 1b and 2l to provide any additional in	5 p; Part V, line 4; Part X, line afformation.

### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number **FOOD EQUALITY INITIATIVE INC** 47-2377396 Form 990, Part VI, Section B, Line 11b - Distributed to board members via email or direct mail for their review and approval Form 990, Part VI, Section B, Line 12c - The organization requires all officers and board members to annually complete and sign a conflict of interest statement. Should any potential conflicts of interest be disclosed the board member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected relationship. Form 990, Part VI, Section B, Line 15 - Compensation is approved by the board and the approval process is documented in the board minutes The organization does not compensate officers or key employees. Therefore, these lines were answered no in accordance with the instructions Form 990, Part VI, Section C, Line 19 - Governing documents, conflict of interest policy and financial statements are available to the public upon written request Form 990, Part XI, Line 9 - Balance of donor restricted funds from Healthcare Foundation