990EF		2018			
Nome(a) as alternative		(Keep for your record	ls)		FIN number
Name(s) as shown on return Equitable Food	Initiative				EIN number 47-3123271
The following will be transi	nitted to the IRS.	∑ 990 ☐ 88	368 Amended	FinCEN 1	14
The following state returns	will be transmitted:				
<u>CA199</u>					
The following returns have	been suppressed or are not	eligible and will NOT b	e transmitted.		
					<u> </u>
EF Notes					

990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ 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

Δ	For the	2018 calend	lar year, or tax year begir	nning	2018 a	nd ending			, 20	
						ia enaing		\neg	<u> </u>	
B		applicable:		table Food Initiati	ve				Employer identification no.	
	Address	•	Doing business as						47-3123271	
Н	Name ch	ange	,	ox if mail is not delivered to street addres	s)	Room/s			Telephone number	
Ц	Initial retu	urn	1875 Connectic	ut Avenue NW		10	Fl.		(202)730-6672	
Ц	Final retu	ırn/terminated	City or town, state or province	, country, and ZIP or foreign postal code			G Gross receipts			
Ш	Amended	d return	Washington, DC	20009					\$ 1,096,933	
	Application	on pending	F Name and address of principa	officer: Peter O'Drisc	:011	H(a)	Is this a group	return for s	subordinates? Yes X No	
			Same as C abov	e		H(b)	Are all subor	dinates i	included? Yes No	
ı	Tax-exen	npt status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		If "No," a	ittach a l	ist. (see instructions)	
J	Website:	: ► www	v.equitablefood.or	rg		H(c)	Group exer	nption nu	umber ►	
K	Form of o	organization: X		sociation Other ►	L Year of formation	n: 2015	M State	of legal of	domicile: CA	
	art I	Summar			<u> </u>		<u> </u>			
	1			ion or most significant activities	: To improve th	ne safet	v. eth	ics a	and quality of	
	'	-	=	ess for the benefit						
ce		communit		ess for the benefit	or workers, busi	inesses,	COllam	ICT 5	and	
ш		COMMUNITE	ies.							
le.		Observator de la la			Para and at assess than 0	F0/ - ('\	1 -		 -	
Governance	2		_	n discontinued its operations or	•		1			
	3		-	erning body (Part VI, line 1a)				3	16	
es	4		,	s of the governing body (Part)	. ,			4	16	
Activities &	5	Total numbe	er of individuals employed in	n calendar year 2018 (Part V, li	ne 2a)			5	11	
₽	6	Total numbe	er of volunteers (estimate if	necessary)				6	16	
_	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12				7a	0	
	b	Net unrelate	ed business taxable income	from Form 990-T, line 38 .				7b	0	
						P	rior Year		Current Year	
	8	Contributions	s and grants (Part VIII, line	1h)			1,933	,205	632,485	
ne	9	Program ser		,360	463,176					
/en	10	ū	,	A), lines 3, 4, and 7d)					0	
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			1	,879	1,272	
	12			must equal Part VIII, column (A			2,149		1,096,933	
	13			IX, column (A), lines 1-3)	·		2,119	,	1,030,333	
	14			X, column (A), line 4)					0	
		•	,		1 000	260	1 160 574			
S	15			e benefits (Part IX, column (A),	,		1,098	,268	1,168,574	
Expenses	16a		- ·	column (A), line 11e)		•			103,097	
×			ising expenses (Part IX, co	· · · · · · · · · · · · · · · · · · ·	159,566	_				
Ш	17	•		nes 11a-11d, 11f-24e)				,863	825,086	
	18	•	,	equal Part IX, column (A), line	•		1,784	<u>,</u> 131	2,096,757	
	19	Revenue les	s expenses. Subtract line	18 from line 12		•	365	,313	(999,824)	
Net Assets or	8					Beginning	g of Current	Year	End of Year	
sets	20	Total assets	(Part X, line 16)				2,320	,233	1,370,584	
AS	21	Total liabilitie	es (Part X, line 26)				139	,636	161,637	
Ž	22	Net assets of	or fund balances. Subtract	line 21 from line 20			2,180	,597	1,208,947	
Pa	rt II	Signatu	re Block							
				ırn, including accompanying schedules a		of my knowledge	and belief, it	is		
true	, correct,	and complete. De	claration of preparer (other than of	icer) is based on all information of which	preparer has any knowledge.					
		Pete	r O'Driscoll							
Sig	ın		re of officer					Date		
He		Pete	r O'Driscoll, Exe	cutive Director						
	. •		print name and title	OCCUPACE DILECTOR						
		· · · · · · · · · · · · · · · · · · ·		Dranguario signatura	Date		Charle	:4 5	TINI	
D~	id		eparer's name	Preparer's signature			Check		TIN	
Pai			ercrombie	Tim Abercrombie	05-02-201		self-employe	a	P01254858	
	epare			bie and Associates	LLC	Firm's E				
US	e Onl	y Firm's addres		ond Avenue 507B		Phone r				
				Spring MD 20910			30	1-58	35-5050	
Max	the ID	S discuss this	rotum with the propercy ch	nown above? (see instructions)					▼ Ves No	

8) Equitable Food Initiative Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		21
	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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		22
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		3.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41-		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	
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		X
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		X
20 a		20a		X
	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	~		37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Equitable Food Initiative Page **4** 47-3123271 Part IV Checklist of Required Schedules (continued) Yes 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 Χ 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 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 Χ 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? 25b Χ 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 26 Χ 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 Χ 27 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): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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 Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 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." 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a 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 Χ 36 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 Χ 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V............

				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 19	9				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?		1c	X			

EEA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, fleef for the calendary ware ending with or within the year covered by this return. 2 11 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and all as its generat than 200, you may be required to e-file (see instructions) 30 bif the organization have unrelated business gross income of \$1,000 or more during the year? 31 b If Yeas', I seal thick a Form 900.7 for this year? "More to fire a file all as form 900.7 for this year? "More to fire a file and social to 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 accounts (FBAR). 32 b If Yeas' to fire the name of the foreign country. 33 b If Yeas' the time have a provided as which are a financial accounts (FBAR). 34 b If Yeas' to fire the name of the foreign country. 35 b If Yeas' to fire the name of the foreign country. 36 b If Yeas' to fire the name of the foreign country (such as a bank account a tary lime during the tax year? 36 b If Yeas' to fire the name of the foreign country (such as a bank account a far year through the fire tax year? 36 b If Yeas' to fire the name of the foreign country (such as a bank account a far year through the fire tax year? 37 b If Yeas' to fire the name of the organization that it was or is a parry to a prohibited tax sheller transaction? 38 b If Yeas' did the organization and that it was or is a parry to a prohibited tax sheller transaction? 39 b If Yeas' did the organization include with every solicitation an express statement that such contributors or gifts were not tax deductible? 40 b If Yeas' did the organization include with every solicitation and express statement that such contributors or gifts were not tax deductible? 41 b If Yeas' did the organization review any apartent is excess of 35 made p				Yes	No
b If a least one is reported on line 2a, dith the organization file all required federal employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) **Note (if the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) **Note (if the sum of lines) **Note	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) Joint the organization have unrelated business gross income of \$1,000 or more during the year? At any time during the calendary 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 in a foreign country; (such as a bank account, securities account, or other financial account)? 4a X years the result of the property (such as a bank account, securities account, or other financial account)? 5b If "Yes," either the name of the foreign country; (such as a bank account, securities account, or other financial accounts (FBAR). 5c Wesh the organization aparty to a prohibited tax shelter fransaction at any time during the tax year? 5c Wesh the organization in organization that is two or is a party to a prohibited tax shelter fransaction? 5c Unit of the face of 5t, did the organization file Form 8886-17 5c Does the organization have arrang fores receipts that are normally greater than \$100,000, and did the organization have arrang fores receipts that are normally greater than \$100,000, and did the organization noticularly contributions that ware not tax deductible os charitable contributions or gifts were not tax deductible? 5c Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d Did the organization received a payment in excess of \$75 made party as a contribution and party for goods. 7e Did the organization received and provided that the payment in excess of \$75 made party as a contribution and party for goods. 7e Did the organization received and provided that the payment in excess of \$75 made party as a contribution and party		Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
3. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4. If "Yes," and is filed a Form 991-7 for this year if "No" to fire 35, provides an explanation in Schedule O. 5. Did have the filed a Form 991-7 for this year if "No" to fire 35, provides an explanation of Schedule O. 5. Did have the filed a Form 991-7 for this year if "No" to fire 35, provides an explanation or other authority over, a financial account in a foreign country. 5. Did have the name of the foreign country. 5. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5. Did any tixtable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did any tixtable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every scicitation an express statement that sour contributions or gifts were not tax deductible on the state of the state of the organization include with every scicitation an express statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses statement that sour contributions or gifts were not tax deductible expresses that seem to gift the contribution of expresses that party that the organization and party the gift of the second party tha	b		2b	Χ	
b If Vess, * last if field a Form 990-T for this year? If *Vess* or the rest of the organization was on 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)? 4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 is a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country. 5c If "Yes" is one face or signature or a part of the properties of the properti	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country (such as a bark account, securities account, or other financial account)? b H *Yes,** insert 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? 5b Did any texable party notify the organization file Form 8889-77 5c If *Yes* to line Sa or Sb, dot the organization file Form 8889-77 5c Does the organization solid rary contributions that were not tax deductible as charitable contributions or gilts were not tax deductible? 6c Does the organization receive an appropert in excess of \$75 made party as a contribution or gilts were not tax deductible? 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization receive an approment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization end on the diversity of the property for which it was required to file Porm 8282? 6c Did the organization end of the value of the goods or services provided? 7d Did the organization enceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the year, pay premiums, directly or indirectly, no aperioration file Form 8289 as required? 7d If the organization cereive an ormalization of qualified intellectual property, did the organization file Form 8287. 7d Did the organization received an contribution of qualified intellectual property, did the organization file Form 8289 as required? 7d If the organization cereive and property did the organization file Form 8289 as required? 7d If the organization cereive and organization make a distribution to a donor, donor advised funds. 8 Sponsoring organizations and party the property did the organization file Form 8289 as required? 7d If the organization funding	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		
b If "Yes", either the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shafter transaction at any time during the tax year? 59 Was the organization to lies of 305, did the organization life from 8886-77 to a prohibited tax shafter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that was not tax deductibles as charitative contributions? 60 Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that than y receive deductible contributions under section 170(c). 60 If "Yes," did the organization include with every sociicitation an express statement that such contributions or grids were not tax deductibles on the scharitative contributions or grids were not tax deductible on the scharitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductible as charitative contributions or grids were not tax deductible as charitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductibles on the scharitation or contribution or grids and services provided to the payor? 60 Organizations that may receive deductible contributions under section 170(c). 61 Did the organization receive a payment in excess of \$75 made partly as a contribution on quantity for goods and services provided to the payor? 70 Did the organization neceive and payor? 71 Tax organization received and payor? 72 Tax organization received and contribution of quantity or indirectly, to appreniums on a personal benefit contract? 71 Payors, indicate the number of Forms \$222 flied during the year 81 If the organization received an contribution of quali	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Lid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Lid any taxable party notify the organization file Form 8896-17 6 Does the organization have amount gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible? 6 Lift Yes, 10th the organization include with every solicitation are press statement that such contributions or offits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive an apyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 As X Y 7 B If Yes, 10th the organization notify the donor of the value of the goods or services provided? 7 B If Yes, 10th the organization only the donor of the value of the goods or services provided? 7 B If Yes, 10th the organization only the donor of the value of the goods or services provided? 7 C In the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8292? 7 C In the organization receive and routing the year organization and the number of Forms 8292 filed during the year 7 C In the organization of the number of Forms 8292 filed during the year 9 Did the organization of unity the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 T X If the organization of the promise of the property, did the organization file Form 8293 as required? 9 If the organization received an contribution of qualified intellectual property, did the organization file Form 8293 as required? 9 Sponsoring organizations and pa		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 C If Yes' to line Sa or 5b, dut the organization file Form 8886-17 50 Bobs the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductible as charitable contributions? 50 C Yes, if the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 81 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 71 Ves," idd the organization notify the donor of the value of the goods or services provided? 72 Did the organization notify the donor of the value of the goods or services provided? 73 If Yes," indicate the number of Forms 8282 filed during the year 84 If Yes," indicate the number of Forms 8282 filed during the year 95 Did the organization received a contribution of qualified intellectual property, did the organization received and contribution of qualified intellectual property, did the organization received and contribution of qualified intellectual property, did the organization flow and contribution of qualified intellectual property, did the organization flow and contribution of ordanization section 4968? 95 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxebile distributions under section 4968? 95 Sponsoring organization make any taxebile distributions under section 4968? 96 Did the sponsoring organization make any taxebile distributions under section 4968? 97 Section 4947(a)(1) non-exempt charitable trusts. Is the organization fline form 1041? 98 Section 4947(a)(1) non-exemp	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55					
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclicit any contributions that were not tax deductible as charitable contributions? 6	5a		5a		
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Form 990 (2018) Equitable Food Initiative Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section 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			
	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 1b 16			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	Did the organization have local chapters, branches, or affiliates?	IUa		Λ
D	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 filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed California, District of Columbia Catting C404 required on a green institute and the form 900 is required to be filed California, District of Columbia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Other (explain in Schedule O)			
10				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_0	Peter O'Driscoll (202)730-6672, 1875 Connecticut Avenue NW, Washington, DC 20009			
	tt (-t, -t- t, -t t			

orm	990	(201	R١
UHH	220	IZUI	OI

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Page 7

Part VII 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	son is	han one s both an Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Erik Nicholson Director	2.00	Х						(0	0
(2) Maisie Ganzler	3.00	71							, ,	
Vice Chair		X		Χ				(0	0
(3) Preston Witt	2.00							•	,	
Secretary		X		Х				(0	0
(4) Ernie Farley	2.00									
Board Chair		X		Χ				(0	0
(5) Kathryn Ault	2.00									
Director		X						(0	0
(6) Ramon Ramirez	2.00									
Director		X						(0	0_
(7) Carol Schrader	2.00									
Director		X						(0	0
(8) Baldemar Velazquez	2.00									
Director		Х						(0	0
(9) Margaret Reeves	2.00									
Director		Х						(0	0
(10)Bruce Goldstein	2.00									
Treasurer		Х		Х				(0	0
(11)Thomas Gremillion	2.00									
Director		Х						(0	0
(12)Minor Sinclair	2.00	,							_	_
Director	0.00	Х	-					(0	0
(13)Laura MacCleery	2.00	_v						,		_
Director	2 00	Х	\dashv		-		\dashv	(0	0
(14)Michael Conroy	2.00	Х						(_
Director		Λ						(0	0

Form 990 (2018)

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(B) Average hours per week (list any	box, office	unless er and	perso a dire	tion ore that on is I	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other		
	hours for related organizations below dotted line) hours for related organizations below dotted line) hours for related organizations below dotted line) The the organization (W-2/1099-MISC)				organization	organizations (W-2/1099-MISC)	org	npensation from the ganization and related anization	n İ				
(15)Vic S		2.00	Х						C	0 0			0
	n Guerena	2.00											
Direc		40.00	X						C	0			0
	D'Driscoll	40.00			Х				108,825	0			0
(18)													
(19)													
(20)													
(22)													
(23)													
(24)													
(25)													
	o-total							·					
	al from continuation sheets to Part VII, Sectio al (add lines 1b and 1c)							-	108,825	0	0		
2 Tot	al number of individuals (including but not limited ortable compensation from the organization												
												Yes	No
	the organization list any former officer, directo		-				-						7.7
	ployee on line 1a? If "Yes," complete Schedule any individual listed on line 1a, is the sum of rep										3		X
	anization and related organizations greater than												
	ividual										4		Χ
	any person listed on line 1a receive or accrue co			-			-				_		37
	services rendered to the organization? If "Yes," B. Independent Contractors	complete So	cneaui	e J t	or st	ıcn į	bersor	<u> </u>			5		X
1 Cor	mplete this table for your five highest compensate npensation from the organization. Report comper												
yea									,- .			(C)	
	(A) (B) Name and business address Description of services							services		(C) pensation	1		
	al number of independent contractors (including eived more than \$100,000 of compensation from			ose •	listed	d ab	ove) w	/ho					

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or no	ote to any line in th	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ع ق	C	Fundraising events	1c					
ifts, Ir A	d	Related organizations	1d					
<u>∃</u> .6	e	Government grants (contributions)	1e					
Sii	f	All other contributions, gifts, grants,	10					
buti the	'		45	632 485				
d d		and similar amounts not included above Noncash contributions included in lines	1f	632,485				
පු පි	g				620 405			
	h	Total. Add lines 1a-1f			632,485			
<u>0</u>				Business Code	400 40-	400 400		
nue/		Program income- Grower		900099	408,637	408,637		
Re		Program income - Work		900099	43,995	43,995		
Program Service Revenue	١.	Program income -cert/co		900099	10,544	10,544		
Ser	d							
gram	е							
Pro		All other program service revenue						
	g	Total. Add lines 2a-2f			463,176			
	3	Investment income (including dividends, i and other similar amounts)						
	4	Income from investment of tax-exempt bo						
	5	Royalties	•					
		(i) R		(ii) Personal				
	6a			()				
		Less: rental expenses						
	l .	Rental income or (loss)						
		Net rental income or (loss)		•				
				(ii) Other				
	/a	Gross amount from sales of assets other than inventory	illes	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
Φ		Gross income from fundraising						
enne	0a	events (not including \$						
ě		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18	•					
粪	L.	Less: direct expenses						
O	l							
		Net income or (loss) from fundraising ever	. din	<u>}</u>				
	эa	Gross income from gaming activities. See Part IV, line 19	_					
		•						
		Less: direct expenses						
	С	Net income or (loss) from gaming activitie	es	<u></u>				
	10a	Gross sales of inventory, less returns and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sales of invent						
		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous Incom		900099	1,272			1,272
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		·	1,272			
		Total revenue. See instructions			1,096,933	463,176	(1,272

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 108,826 6,530 74,001 28,295 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 845,548 602,777 235,938 6,833 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 47,662 30,429 15,479 1,754 9 90,263 57,628 29,313 3,322 10 76,275 48,697 24,771 2,807 11 Fees for services (non-employees): b Legal...... d Professional fundraising services. See Part IV, line 17 . 103,097 103,097 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 365,754 300,138 65,616 12 13 20,637 9,847 10,641 149 14 2,898 1,850 107 941 15 16 21,423 10,897 33,555 1,235 17 140,026 80,654 51,655 7,717 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 147,667 118,572 26,703 2,392 20 21 22 Depreciation, depletion, and amortization 23 Insurance 1,090 29,613 18,906 9,617 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.) Memberships, subscriptions 12,213 768 42,302 29,321 b Printing 42,634 41,580 1,054 C d е All other expenses Total functional expenses. Add lines 1 through 24e 25 2,096,757 1,368,352 568,839 159,566 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	313,913	1	295,679
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,988,346	3	1,047,853
	4	Accounts receivable, net	, , , , , , , , , , , , , , , , , , , ,	4	, , , , , , , , , , , , , , , , , , , ,
	5	Loans and other receivables from current and former officers, directors,		-	
	_	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	·	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
				6	
	_	organizations (see instructions). Complete Part II of Schedule L		7	
ets	7	Notes and loans receivable, net			
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	9,599	9	20,427
	10a	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	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	8,375	15	6,625
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,320,233	16	1,370,584
	17	Accounts payable and accrued expenses	132,040	17	149,137
	18	Grants payable		18	
	19	Deferred revenue	7,596	19	12,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	139,636	26	161,637
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
S		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	250,892	27	(84,728)
alar	28	Temporarily restricted net assets	1,929,705	28	1,293,675
Ä	29	Permanently restricted net assets		29	_,,
Ë.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
or F		complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	2,180,597	33	1,208,947
	34	Total liabilities and net assets/fund balances		34	
	54	Total habilities and her assets/fully balances	2,320,233	J4	1,370,584

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	96,9	933
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	96,	757
3	Revenue less expenses. Subtract line 2 from line 1	3	(9	999,8	324)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,3	180,	597
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		28,	174
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	1,2	208,9	947
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: Cash Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	9		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☑ 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				
			. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2018)

SCHEDULE A

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.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number

Equitable Food Initiative 47-3123271 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

47-3123271

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,860,177 1,933,205 632,485 7,425,867 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 4,860,177 1,933,205 632,485 7,425,867 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) 5,948,223 Public support. Subtract line 5 from line 4 . . 1,477,644 **Section B. Total Support** (a) 2014 (c) 2016 Calendar year (or fiscal year beginning in) ▶ **(b)** 2015 (d) 2017 **(e)** 2018 (f) Total 4,860,177 Amounts from line 4 7,425,867 1,933,205 632,485 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 . 11 7,425,867 12 Gross receipts from related activities, etc. (see instructions) 938,036 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) Section C. Computation of Public Support Percentage % % 15 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 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 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 gualifies as a publicly supported b 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

18

47-3123271

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.)

Se	ction A. Public Support						
Cal	endar 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 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 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	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
С	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.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Scriedule A (Form 990 or 990-EZ) 20

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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 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**.
- **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.*
 - **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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	JU		
	3с		
	4a		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	_		
	10b		
A (Fo	rm 990	or 990-E	Z) 2018

	ule A (Form 990 or 990-EZ) 2018 Equitable Food Initiative 47-312327	L	Р	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
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?	11a		
	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 .	11c		
Sec	tion B. Type I Supporting Organizations		V	NI -
4	Did the directors trustees or membership of one or more supported erganizations have the newer to		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		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	•		
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	mon or typo ii oupporting 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		
Sec	tion D. All Type III Supporting Organizations			
			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? <i>If "No," explain in Part VI how</i>			
	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			
<u> </u>	supported organizations played in this regard.	3		
-	etion E. Type III Functionally Integrated Supporting Organizations		4! I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	ISTruc	uons)	
a				
b		(coo ir	otruot	ione
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	(See III	Yes	No.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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		
h	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? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	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? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Organiza	ntions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	anizations	must complete Section	ons A through E.
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	t,		
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 integrated Type III supporting organization (see

EEA

instructions).

	ule A (Form 990 or 990-EZ) 2018 Equitable Food Initiativ		47-312	23271 Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater 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 d Excess from 2017 e Excess from 2018

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.)
-	
_	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

Equitable Food Initiative

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

47-3123271

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Name of organization

Equitable Food Initiative

Employer identification number 47-3123271

		Part I	Contributors	(see instructions)	. Use duplicate co	opies of Part I if additi	onal space is needed.
--	--	--------	--------------	--------------------	--------------------	---------------------------	-----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Northwest Area Foundation 60 Plato Boulevard East Suite 400 Saint Paul, MN 55107	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sillicon Valley Foundation 555 Bryant Street 259 Palo Alto, CA 94301	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Humanity United Fund 1700 Pennsylvania Ave NW Suite 500 Washington, DC 20006	\$150,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name of the organization Equitable Food Initiative 47-3123271 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 🗌 Yes 🗌 No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗆 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

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

Pa	rt III Organizations Maintaining Co	llections of A	rt, Historical T	reasures, or	Othe	r Similar Asse	ts (co	ntinue	<u>∙d)</u>
3	Using the organization's acquisition, accession, an	nd other records, ch	neck any of the follo	wing that are a si	gnifica	nt use of its	•		
	collection items (check all that apply):		•		•				
а	Public exhibition	d □ Loa	n or exchange prog	arams					
b	Scholarly research	e Oth		y					
C	Preservation for future generations	c _ c							
4	Provide a description of the organization's collection	one and evolain ho	w they further the c	rganization's ever	mnt nu	mose in Part			
7	XIII.	oris and explain no	w they fulfile the c	nganizations exer	πρι ρυ	ipose iii i ait			
_		ive depotions of a	t biotorical traceur	aa ar athar aimila					
5	During the year, did the organization solicit or rece							v [¬
Da	assets to be sold to raise funds rather than to be r		or the organization	s collection?	• • •			Yes	No
Га	Escrow and Custodial Arrange		- Com- 000 Do	م ۱۱ ممثل ۱۱ اسم					
	Complete if the organization ans	wered res or	1 F01111 990, Pa	irt iv, iirie 9, oi	терс	nted an amoun	it on F	OIIII	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or								-
							. ⊔	Yes	No
b	If "Yes," explain the arrangement in Part XIII and o	complete the follow	ing table:						
						Amo	unt		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 9	90, Part X, line 21,	for escrow or custo	odial account liabil	ity?		🗆	Yes [No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the expla	nation has been pr	ovided on Part XII	١.			[
Pa	rt V Endowment Funds.								
	Complete if the organization ans	wered "Yes" or	n Form 990, Pa	rt IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ck	(d) Three years back	(e) Fo	ur years b	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
_	Other expenditures for facilities and								
·	programs								
f	Administrative expenses								
'	End of year balance								
g 2	Provide the estimated percentage of the current year	or and halance (liv	10 10 00kmp (0)\ h	and on:					
	·		ie rg, coluinii (a)) i	ieiu as.					
a	Board designated or quasi-endowment	%							
D	Permanent endowment > %	0/							
С	Temporarily restricted endowment	<u></u> %							
_	The percentages on lines 2a, 2b, and 2c should ed								
3a	Are there endowment funds not in the possession	of the organization	n that are held and	administered for the	ne				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	()						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	s listed as required	on Schedule R?.				3b		
4	Describe in Part XIII the intended uses of the orga		nent funds.						
Pa	rt VI Land, Buildings, and Equipme								
	Complete if the organization ans	<u>wered "Yes" or</u>	<u>n Form 9</u> 90, Pa	ırt IV, line 11a.	See	Form 990, Par	t X, Iir	ne 10.	
	Description of property	(a) Cost or other	er basis (b) Cos	t or other basis	(c) A	ccumulated	(d) Bo	ok value	
		(investme	ent)	(other)	dep	preciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other				•				

Schedule D (Forn	n 990) 2018 Equitable Food	Initiative	47-312	3271	Page 3
Part VII	Investments - Other Securities.			<u> </u>	
	Complete if the organization answere	ed "Yes" on Form 990, I	Part IV, line 11b. See Form 990,	Part X, line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market v		
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11c. See Form 990,	Part X, line	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market v		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11d. See Form 990,	Part X, line	e 15.
	(a) [Description		(b) Book v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)	. │		
Part X	Other Liabilities.				
	Complete if the organization answere line 25.	ed "Yes" on Form 990, F	Part IV, line 11e or 11f. See Forr	n 990, Part	tΧ,
1.	(a) Description of liability	(b) Book value			
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(0)		I .			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Pa	Reconciliation of Revenue per Audited Financial Statements with Revenue	or mora	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	1,158,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b		61	
С	1 7 8		
d	, , , , , , , , , , , , , , , , , , , ,		
е	Add lines 2a through 2d	. 2e	61,761
3	Subtract line 2e from line 1	. 3	1,096,933
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.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,096,933
Pa	Reconciliation of Expenses per Audited Financial Statements With Expense	es per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	2,158,515
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	58	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	61,758
3	Subtract line 2e from line 1		2,096,757
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b			
C		. 4c	
5		-	2.096.757
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	-	2,096,757
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of the organization					Employer iden	tification number
Equitable Food Initiative					47-312	3271
Part I Fundraising Activities	s. Complete if the	ne organi	zation ans	swered "Yes" on F	orm 990, Part IV,	line 17.
Form 990-EZ filers are no	t required to com	plete this	part.			
1 Indicate whether the organization rai	sed funds through a	ny of the fo	llowing activ	ities. Check all that app	ply.	
a Mail solicitations		e 🛚	Solicitation of	of non-government grai	nts	
b Internet and email solicitations		f 🗌	Solicitation	of government grants		
c Phone solicitations				draising events		
d 🗵 In-person solicitations			·	ŭ		
2a Did the organization have a written of	or oral agreement wi	th any indiv	idual (includ	ing officers, directors, t	rustees,	
or key employees listed in Form 990	, Part VII) or entity in	n connectio	n with profes	ssional fundraising serv	vices? X Ye	s No
b If "Yes," list the 10 highest paid indivi				_		
compensated at least \$5,000 by the	,	, .				
,	0					
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		control of	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)		contrib	utions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No		(·)	
1 Jonathan Halperin	identify and					
PO Box 15871, MD 20814	introduction		X	631,485	103,097	528,388
2	Incroduction		21	031,103	103/03/	320,300
-						
3						
·						
4						
•						
5						
3						
6						
0						
7						
1						
0						
8						
•						
9						
40						
10						
Total				631,485	103,097	528,388
3 List all states in which the organizatio	n is registered or lice	ensed to so	licit contribu	tions or has been notifi	ed it is exempt from	
registration or licensing.						
California, District of Col	umbia					

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		than \$15,000 of fundraising gross receipts greater than	\$5,000			
		gross receipts greater triair	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
_		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	• , ,			
Pa	11 art II	Net income summary. Subtract line Gaming. Complete if the o	10 from line 3, column (d)	'Yes" on Form 990 Part	▶	more
		than \$15,000 on Form 990			TV, mile 10, or reported	
æ						
ven			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revent	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	3 4	Cash prizes		bingo/progressive bingo		
ct Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes%	
ct Expenses	2 3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
ct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En is:	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colution conducts gaming activities in each o	bingo/progressive bingo Yes% No mn (d)	☐ Yes % ☐ No ▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En ls is if "	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colution conducts gaming activities in each o	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No ▶	col. (a) through col. (c))

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Equitable Food Initiative 47-3123271 01. Form 990 governing body review (Part VI, line 11) The 990 is distributed to the entire board for review and approval prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) EFI board members and staff review the conflict of interest policy at each annual board and staff retreat. 03. CEO, executive director, top management comp (Part VI, line 15a) EFI commissioned a comparative study which served as the basis for establishing salary bands for all staff positions. The policy was approved by the full board, after which the executive director was tasked with negotiating staff salaries while the chair and vice-chair negotiated the executive director's salary. 04. Other officer or key employee compensation (Part VI, line 15b EFI commissioned a comparative study which served as the basis for establishing salary bands for all staff positions. The policy was approved by the full board, after which the executive director was tasked with negotiating staff salaries while the chair and vice-chair negotiated the executive director's salary. 05. Governing documents, etc, available to public (Part VI, line 19) The annual report will be posted online. The 990 will be available to the public through Guidestar or by request. The other documents are available to the public upon request. 06. List of other fees for services expenses (Part IX, line 11g)

Trainers: 101,024 program

IRS e-file Signature Authorization

for an Exempt Organization	OMB No. 1545-187

For calendar year 2018, or fiscal year beginning . and ending

Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number

Equitable Food Initiative Name and title of officer

47-3123271

Peter	O'Driscoll,	Executive	Director		
Part I	Type of R	eturn and Re	eturn Information	(Whole Dollars	Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

	Form 990 check here b 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	
	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Off

icer'	s PIN: check one box only			
X	lauthorize Abercrombie and Associates	to enter my PIN	23271	as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros	-
	on the organization's tax year 2018 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.			,

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 03-13-2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

520866 16770 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > Tim Abercrombie Date ▶ 05-02-2019

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990 Tax Exempt Diagnostic Summary Name Equitable Food Initiative Tax Exempt Diagnostic Summary Employer Identification # 47-3123271

Demographics

Mailing Address: Phone: (202)730-6672

1875 Connecticut Avenue NW #10 Fl.

Washington, DC 20009

Resident State: CA

Diagnostics

Preparer: Tim Abercrombie Invoice: Date: 05-02-2019

Return Information

Item on Return	2018	2017 Federal
	Federal	(If available)
Total Revenue	1,096,933	2,149,444
Total Expenses	2,096,757	1,784,131
Net Excess (Deficit)	(999,824)	365,313
Net Assets or Fund		
Balances	1,208,947	2,180,597

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)
$C\Delta$						

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

FORM

199

Calenda	ar Year 2018 or fiscal year beginning (mm/dd/yyyy), and ending (mm/d	ld/yyyy)		
Corporatio	n/Organization name	California co	orporation number	
EQUI'	TABLE FOOD INITIATIVE	3751	268	
Additional	information. See instructions.	FEIN		
		47-3	123271	
Street add	ress (suite or room)		PMB no.	
<u> 1875</u>	CONNECTICUT AVENUE NW APT 10 FL.			
City		State	ZIP code	
<u>WASH</u>	INGTON	DC	20009	
Foreign co	untry name Foreign province/state/county		Foreign postal code	
A First Re	turn · · · · · · · · · · · · · · · · · · ·	he organizatio	'n	
B Amende	ed Return • • • • • • • • • • • • • • • • • • •	s • • •	· · · · · · • Yes	∐ No
C IRC Sec	ction 4947(a)(1) trust · · · · · · · · · · · · · · L Yes 🗵 No K Is the organization exempt under R&TC Sect	on 23701g?	● Yes	No
	formation Return ? If "Yes," enter the gross receipts from nonme	mber sources	• • • • • \$	
_	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt under L	er R&TC Secti	on 23701d and	
	ate: (mm/dd/yyyyy) meets the filing fee exception, check box.		•□	
	accounting method: (1) Cash (2) X Accrual (3) Other No filing fee is required • • • • •		•∐	₹
_	return filed? (1) 990T (2) 990PF (3) Sch H (990) M Is the organization a Limited Liability Compar		· · · · · · • Yes	X No
	Other 990 series N Did the organization file Form 100 or Form 10		△ □ ∨	п.,
	group filing? See instructions · · · · · · · · · · · · · · · · · · ·		· · · · · · • Yes	∐ No
		nas the IRS	●□ Vee	П №
ii res,	what is the parent's name? audited in a prior year? • • • • • • P Is federal Form 1023/1024 pending? •		• • • • • • Yes	□ No
I Did tho	organization have any changes to its guidelines Date filed with IRS		· · · · · · · · · · · · · · · · · · ·	
	orded to the FTB? See instructions · · · · · · · · • Yes No	-		
Part I	Complete Part I unless not required to file this form. See General Information B and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 · · · · · · · · · · · · · · · · · ·		• 1	00
	2 Gross dues and assessments from members and affiliates		• 2	00
Receipts	3 Gross contributions, gifts, grants, and similar amounts received		• 3	00
and Revenues				
	This line must be completed. If the result is less than \$50,000, see General Information B		• 4 C	00
	5 Cost of goods sold • • • • • • • • • 5	(00	
	6 Cost or other basis, and sales expenses of assets sold • • • • • • • • • • • • • • • • • • •	(00	
	7 Total costs. Add line 5 and line 6 · · · · · · · · · · · · · · · · · ·		7	00
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·		• 8	00
Evnerer	9 Total expenses and disbursements. From Side 2, Part II, line 18 · · · · · · · · · · · · · · · · · ·		• 9	00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		• 10	00
	11 Total payments • • • • • • • • • • • • • • • • • • •		9 11	00
Filing	12 Use tax. See General Information K		• 12	00
Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 · · · · · · · · · · · · · · · · · ·		• 13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 · · · · · · · · · · · · · · · · · ·		• 14	00
	15 Filing fee \$10 or \$25. See General Information F · · · · · · · · · · · · · · · · · ·		. 15	00
	16 Penalties and Interest. See General Information J		• 16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	(0	<i>_</i>	00
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	est of my kno edge.	wleage and belief, it is	
Here	Signature Date		●Telephone	
	of officer ▶PETER O'DRISCOLL EXECUTIVE DIR 03/13	/2019		<u>/2</u>
	Preparer's Date Check if se	lf-	●PTIN	
Paid	signature ▶ 05/02/2019 employed	▶ 📋	P01254858	
Preparer's Use Only			●Firm's FEIN	
Jac Only	if self-employed) ABERCROMBIE AND ASSOCIATES LLC and address 8609 SECOND AVENUE 507B		74-3116770	
	SILVER SPRING, MD 20910		•Telephone 301-585-505	50
	May the FTB discuss this return with the preparer shown above? See instructions		● X Yes No	, 0
	may the FFD discuss this return with the preparet shown above? See instituctions	· · · ·	- EZZ I G2 □ IMO	

Part		organizations with gross receipts of more	•				17_2	123271
		egardless of amount of gross receipts - co					47-3	
		1 Gross sales or receipts from all business				<u> </u>		00
		2 Interest				2		00
Receip		3 Dividends				3		00
from	` '	4 Gross rents · · · · · · · · · · · · · · · · · · ·				5		00
Other	urces							00
Source	" (,			6		00
	7	7 Other income. Attach schedule			•	7		00
	1	Total gross sales or receipts from other sources. Add I	ine 1 through line 7. Enter here a	and on Side 1, Part I, line 1 •		8		00
	9	9 Contributions, gifts, grants, and similar am				9		00
	10	0 Disbursements to or for members · · ·			•	10		00
	1	1 Compensation of officers, directors, and tre	ustees. Attach schedule		•	11		00
	1:	2 Other salaries and wages			•	12		00
Expen	ses 1	3 Interest			•	13		OC
and	_ 1	4 Taxes			•	14		00
Disbur ments	se- 1	5 Rents			•	15		00
	10	6 Depreciation and depletion (See instruction	ns)		•	16		OC
	1	7 Other Expenses and Disbursements. Attac	ch schedule		•	17		00
	1:	8 Total expenses and disbursements. Add	line 9 through line 17. E	nter here and on Side 1,	Part I, line 9	18		OC
Sch	edule	-		taxable year		of ta	xable year	
Ass	ets		(a)	(b)	(c)			(d)
1	Cash.		, ,		`,		•	. ,
2	Net ac	counts receivable					•	
		tes receivable					•	
		ories · · · · · · · · · · · · · · · · · · ·					•	
		al and state government obligations					•	
		ments in other bonds					•	
		ments in stock					•	
		age loans					•	
	_	nvestments. Attach schedule					•	
		preciable assets						
		s accumulated depreciation	1	V	1		1	
)	(1.	
		assets. Attach schedule					•	
		assets					_	
		and net worth						
		nts payable					•	
		outions, gifts, or grants payable					•	
		and notes payable					•	
		ages payable					•	
		iabilities. Attach schedule						
		I stock or principal fund					•	
		or capital surplus. Attach reconciliation •					•	
		ed earnings or income fund					•	
22	Total I	iabilities and net worth						
Sch	edule	•	-					
		Do not complete this schedule if the a	amount on Schedule L, lir	ne 13, column (d), is less	than \$50,000			
		come per books	•	7 Income recorded o	n books this year			
2	Federa	al income tax · · · · · · · · · · · · · · · · · · ·	•	not included in this	retum. Attach sch	edule	•	
3	Exces	s of capital losses over capital gains	•	8 Deductions in this r	etum not charged			
4	Income	e not recorded on books this year.		against book incom	ne this year.			
	Attach	schedule	•	Attach schedule •			•	
5	Expen	ses recorded on books this year not		9 Total. Add line 7 ar	d line 8 · · · ·			
	deduct	ed in this return. Attach schedule	•	10 Net income per ret	um.			
6	Total.	Add line 1 through line 5 · · · · · · · ·		Subtract line 9 from	line 6	<u>.</u>		

Side 2 Form 199 2018

D - 1 -	A	
Date	Acce	ptea

TAXABLE YEAR California e-file Return Authorization for Exempt Organizations

FORM

2018		Organization.							8453-EO
Exempt Organiza	tion name BLE FOOD IN:						l l	ying numb	er 3271
							<u> 1/</u>	-312	3271
		mation (whole dollars or							
		, line 4)							
		line 8) · · · · · · · · · · · · · · · · · ·							
3 Total exp	enses and dispurseme	nts (Form 199, Line 9)					• • • •	• • • •	<u> </u>
		ectronically for Taxable	Year 2018						
4 L Elect	ronic funds withdrawa	l 4a Amount _			4b \	Vithdrawal da	te (mm/do	l/yyyy)	
Part III в	anking Information (Have you verified the exe	empt organiza	ation's banking	informa	ation?)			
5 Routing	number								
6 Account	numbor			7 Ty	pe of a	ccount: 🗌 (Checking		Savings
	eclaration of Officer				5				
I authorize the the amount list		count to be settled as design	ated in Part II.	If I check Part II,	Box 4, I	authorize an ele	ectronic fund	ds withdra	awal for
(ERO), transmi organization's 2 the exempt organization re exempt organization re processing of reason(s) for the	itter, or intermediate servi 2018 California electronic anization is filing a balan- zation's fee liability, the ex turn and accompanying s the exempt organization	t I am an officer of the above ice provider and the amounts or the treturn. To the best of my knice due return, I understand the tempt organization will remain schedules and statements be on's return or refund is delay	s in Part I above owledge and be hat if the Francl n liable for the transmitted to	e agree with the a elief, the exempt hise Tax Board (I fee liability and a the FTB by the E	amounts organiza FTB) doe Il applica ERO, trar	on the corresponding on the corresponding to the correction of the	nding lines rue, correct Ill and timel penalties. mediate sel	of the ex, and con y paymer l authoriz vice prov	empt nplete. If nt of the e the exempt rider. If the
Sign Here			0	3-13-20	19	EXEC	UTIVE	DIR	ECTOR
i ici c	Signature of officer		D	ate		Title			
Part V	Declaration of Electro	onic Return Originator ((ERO) and Pa	aid Preparer.	See ins	tructions.			
knowledge. (If however, that f transmitting this followed all oth for four years f available to the return and according to the second to the	I am only an intermediate orm FTB 8453-EO accurs s return to the FTB; I have er requirements describe from the due date of the r FTB upon request. If I ar	e exempt organization's return e service provider, I understar ately reflects the data on the e provided the organization of d in FTB Pub. 1345, 2018 Ha eturn or four years from the m also the paid preparer, und d statements, and to the best knowledge.	nd that I am not return.) I have of the ficer with a copendook for Audate the exempler penalties of	tresponsible for incommendation the organization and the organization reprised e-file Properties. It declares to perjury, I declares	reviewing anization nd inform oviders. turn is fil e that I ha	the exempt orgofficer's signaturation that I will family will keep formed, whichever is the examined the examined the officer of the examined the officer of the examined of the officer o	ganization's ure on form ile with the FTB 8453-E s later, and ne above ex	return. I FTB 845 FTB, and EO on file I will mak cempt org	declare, 3-EO before I have e a copy panization's
				Date	1	Check if	Check		ERO's PTIN
ERO	ERO's-signature TIM	ABERCROMBIE				also paid preparer	if self- employ	ed 🗌	P01254858
Must	Figure 4 and 4 and 5 and							FEIN	
Sign	Firm's name (or yours if self-employed)	ABERCROMBIE		SOCIATE	S LI	¹C		74-3	3116770
	and address		AVENUE						ZIP code
I Inder nenaltie	s of periury I declare that	SILVER SPRING SILVER SPRING SILVER SPRING SP			nanvina	echedules and	etatemente	and to t	20910
		correct, and complete. I mak							ne best of
Paid Preparer	Paid preparer's signature				Date		Check if self- employe	a	Paid preparer's PTIN
Must Sign	Firm's name (or yours							FEIN	
J	if self-employed) and address	•						<u> </u>	ZIP code