990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For th	ne 2019 calendar v	ear, or tax vear begin	nina		. 2019. a	nd endin	ıa		.2	0
В	A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 3 Check if applicable: C Name of organization Equitable Food Initiative D Employer identification number										
		• •		ulcable FOOd	IIIICIACIVE					47-312	
Н		s change	Doing business as	O h if ii			D / it		F. Talaa		
	Name o	•	,	O. box if mail is not delive	red to street address)		Room/suite		E l'elep	hone number	
H	Initial re		1875 Connectic					.0 Fl.			730-6672
Н		turn/terminated		vince, country, and ZIP or	foreign postal code					s receipts	
Н		ed return	Washington, DC						\$		2,654,075
	Applica	tion pending	F Name and address of pri		O'Driscoll					for subordinates'	
			Same as C above					` ,		es included?	Yes No
		empt status: X 501) ◀ (insert no.)	4947(a)(1) or	527				st. (see instruc	
	Websit		quitablefood.or				-		·	n number -	
		organization: X Corp	poration Trust Ass	ociation Other		L Year of formati	ion: 201.	5 M	State of leg	gal domicile:	CA
Pa	art I	Summary									
	1		the organization's miss	_		improve t					
ø		the food pr	roduction proce	ss for the b	enefit of wor	kers, bus	inesse	s, con	sumer	s and c	ommunities
Governance											
ern		 									
Š	2		if the organization		•				1	l .	
	3		g members of the gove								16
es	4	•	pendent voting member	0 0	, ,	,					16
Activities &	5		individuals employed in	-							13
Act	6		volunteers (estimate if	• /	• • • • • • • • • •				. 6		16
	7	 Total unrelated b 	business revenue from	Part VIII, column (C	s), line 12				. 7a		0
	I	Net unrelated but	usiness taxable income	from Form 990-T, li	ine 39		<u></u>		. 7b		0
								Prior Year		Cu	rrent Year
	8	Contributions and	d grants (Part VIII, line	1h)			•	632	2,485		1,909,810
ne	9	Program service	e revenue (Part VIII, line	463	3,176		728,621				
Revenue	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7d)						11,976
æ	11	Other revenue (F	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10d	c, and 11e)			:	1,273		3,668
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII	, column (A), line 12))		1,096	5,934		2,654,075
	13		ar amounts paid (Part I								0
	14	Benefits paid to	or for members (Part I)	K, column (A), line 4)						0
s	15	Salaries, other c	ompensation, employee	e benefits (Part IX, c	column (A), lines 5-10	0)		1,168	3,574		1,399,220
Expenses	16	a Professional fun	draising fees (Part IX,	column (A), line 11e)			10:	3,097		76,468
<u>Be</u>		b Total fundraising	g expenses (Part IX, co	lumn (D), line 25)	<u> </u>	113,619					
ш	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	e)		•	82	5,086		1,197,838
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colun	nn (A), line 25)		٠ 📖		5,757		2,673,526
	19	Revenue less ex	penses. Subtract line	18 from line 12				(999	9,823		(19,451)
Net Assets or	83						Begin	ning of Curr	ent Year	En	d of Year
sets	20	Total assets (Pa	rt X, line 16)		• • • • • • • • •			1,370	584		1,412,554
Y As	21	Total liabilities (F	Part X, line 26)				٠	163	1,637		223,058
_			nd balances. Subtract	line 21 from line 20				1,208	3,947		1,189,496
	rt II	Signature									
			that I have examined this retu tion of preparer (other than off				of my knowl	edge and be	elief, it is		
		Ţ		,							
0:4			O'Driscoll								
Sig		Signature of o	officer						Da	ite	
He	re		'Driscoll, Exe	cutive Direct	tor						
		1,	name and title	T		1_					
_		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN	
Pa		Tim Aberc	rombie	Tim Abercrom	bie	07-14-20	20	self-em	ployed	P012	54858
	pare		Abercrom	bie and Asso	ciates LLC		Fir	m's EIN 🕨			
Us	e On	ly Firm's address ▶	8609 Sec	ond Avenue 5	07B		Ph	one no.			
			Silver S	pring MD 209	10				301-	585-505	
May	tha II	OS discuss this rotu	im with the preparer sh	own above? (see in	etructions)					x	Ves No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	4	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Х	
3	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		
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,	-		
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Λ
Ŭ	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			
	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		х
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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	X	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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			
4 -	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			
40	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	40		
40	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?	40		
20 -	If "Yes," complete Schedule G, Part III	19		X
_	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
	domodio government on Fartis, column (rs), inte 1: ii 160, complete ochedule i, Farts Fartu II	41		Х

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 22 х 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 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 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 Х 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 х Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 35 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-1	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		Х
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		•
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
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	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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.	40-		
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	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420		
12	describe in Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X	
		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	
a b	Other officers or key employees of the organization	15a	x	
.,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55	Λ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 34		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		l	
17	List the states with which a copy of this Form 990 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			
19	Describe on 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			

Peter O'Driscoll (202)730-6672, 1875 Connecticut Avenue NW, Washington, DC 20009

EEA

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.

See instructions for the order in which to list the persons above.

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

(i) Erik Nicholson 2.00 Director 3.00 Director 4.00 Director 2.00 Director 4.00 Direct					((C)					
Name and title	(A)	(B)				(D)	(E)	(F)			
Dours Pre week (list any tours for related organizations whether the principal content of the principal content or related organizations whether the principal content or related organizations whether the principal content or related organizations whether the principal content or related organizations or related orga											
(i) Erik Nicholson											
Thouse for related organizations below whether the related organizations organizations below whether the related organizations organizations below whether the related organizations organizations organizations below whether the related organizations		I .									
(1) Erik Nicholson 2.00			or d	nst	9	Key	Hig	Fon			
(1) Erik Nicholson 2.00			vidua	itutio	cer	emp	hest	mer			related organizations
(1) Erik Nicholson 2.00		organizations	or tru	nalt		oloye	ecom				
(1) Erik Nicholson 2.00			stee	ruste		Õ	pens				
Director		dotted line)		ő			ated				
Director											
Director											
(2) Maisie Ganzler	(1) Erik Nicholson	2.00									
Director	Director		Х						0	0	0
Column C	(2) Maisie Ganzler	3.00									
Secretary			Х						0	0	0
(4) Ernie Farley	(3) Preston Witt	2.00									
Board Chair	Secretary		Х		х				0	0	0
S Kathryn Ault	(4) Ernie Farley	2.00									
Director	Board Chair		Х		х				0	0	0
(6) Carol Schrader 2.00 Vice Chair X X 0 0 0 (7) Baldemar Velazquez 2.00 0 0 0 0 Director X 0 0 0 0 (8) Margaret Reeves 2.00 0 0 0 0 Director X 0 0 0 0 (9) Bruce Goldstein 2.00 0 0 0 Treasurer X X 0 0 0 (10)Thomas Gremillion 2.00 0 0 0 Director X 0 0 0 Director X 0 0 0 (12)Michael Conroy 2.00 0 0 Director X 0 0 0 (13)Vic Smith 2.00 0 0 0 Director X 0 0 0	(5) Kathryn Ault	2.00									
Vice Chair X X X 0 0 0 (7) Baldemar Velazquez 2.00 0 0 0 0 0 Director X 0	Director		Х						0	0	0
(7) Baldemar Velazquez 2.00 Director X 0 0 0 (8) Margaret Reeves 2.00 0 0 0 0 Director X X 0 0 0 0 (9) Bruce Goldstein 2.00 0	(6) Carol Schrader	2.00									
Director	Vice Chair		Х		х				0	0	0
(8) Margaret Reeves 2.00	(7) Baldemar Velazquez	2.00									
Director	Director		Х						0	0	0
(9) Bruce Goldstein 2.00 Treasurer X X (10)Thomas Gremillion 2.00 Director X 0 0 (11)Minor Sinclair 2.00 Director X 0 0 0 (12)Michael Conroy 2.00 0 0 0 0 Director X 0 0 0 0 (13)Vic Smith 2.00 X 0 0 0 Director X 0 0 0 (14)Martin Guerena 2.00 0 0 0	(8) Margaret Reeves	2.00									
Treasurer X X 0 0 0 (10)Thomas Gremillion 2.00 0 0 0 0 Director X 0 0 0 0 (11)Minor Sinclair 2.00 0 0 0 0 Director X 0 0 0 0 (12)Michael Conroy 2.00 0 0 0 0 Director X 0 0 0 0 (13)Vic Smith 2.00 0 0 0 0 Director X 0 0 0 0 (14)Martin Guerena 2.00 0 0 0 0	Director		Х						0	0	0
(10)Thomas Gremillion 2.00 Director X 0 0 0 (11)Minor Sinclair 2.00 0 0 0 0 Director X 0 0 0 0 (12)Michael Conroy 2.00 0 0 0 0 Director X 0 0 0 0 (13)Vic Smith 2.00 0 0 0 Director X 0 0 0 (14)Martin Guerena 2.00 0 0	(9) Bruce Goldstein	2.00									
Director X 0 0 0 (11)Minor_Sinclair 2.00 X 0 0 0 Director X 0 0 0 0 (12)Michael Conroy 2.00 0	Treasurer		х		х				0	0	0
(11)Minor Sinclair 2.00 Director X 0 0 0 (12)Michael Conroy 2.00 0 0 0 0 Director X 0 0 0 0 (13)Vic Smith 2.00 0 0 0 0 Director X 0 0 0 0 (14)Martin Guerena 2.00 0 0 0	(10)Thomas Gremillion	2.00									
Director X 0 0 0 (12)Michael Conroy 2.00 0 0 0 0 Director X 0 0 0 0 (13)Vic Smith 2.00 0 0 0 0 Director X 0 0 0 0 (14)Martin Guerena 2.00 0 0 0 0	Director		х						0	0	0
(12)Michael Conroy 2.00 Director X 0 0 0 (13)Vic Smith 2.00 0 0 0 0 Director X 0 0 0 0 (14)Martin Guerena 2.00 0 0 0 0	(11)Minor Sinclair	2.00									
Director X 0 0 0 (13)Vic Smith 2.00 0	Director		х						0	0	0
(13)Vic Smith 2.00 Director X (14)Martin Guerena 2.00	(12)Michael Conroy	2.00									
Director X 0 0 0 (14)Martin Guerena 2.00 0 0 0	Director		х						0	0	0
(14)Martin Guerena 2.00	(13)Vic Smith	2.00									
	Director		х						0	0	0
Director X 0 0 0	(14)Martin Guerena	2.00									
	Director		х						0	0	0

Form **990** (2019)

						(C)							
	(A) Name and title	(B) Average hours per week	box	, unles	eck m ss pei	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated a of oth	ner
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	from th	ne
(15)Re	yna Lopez	2.00)										
Direc			х						0	0			0
	rah Sorscher	2.00							0	0			•
Direct (17) De	t 01D	40.00	X						0				0
	ter O'Driscoil				х				115,599	0			0
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal							-					
C	Total from continuation sheets to Part VII, Sect						• • •	-					
d 2	Total (add lines 1b and 1c)								115,599	0			0
2	reportable compensation from the organization		isieu a	DOVE	e) WI	10 10	eceive	a me	ore than \$100,000	OI			:
												Yes	
3	Did the organization list any former officer, direct	tor, trustee,	key en	nploy	/ee,	or h	nighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedu										. 3		х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th										. 4		x
5	Did any person listed on line 1a receive or accrue									• • • • • • • •	•		
_	for services rendered to the organization? If "Yes			-			_				. 5		x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa	ited independ	dent co	ntrac	ctors	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	ending	with		nization's tax yea			
	(A)								(B)		(0		
	Name and business addres	58							Description of service	es	Compe	nsation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ted	above)) wh	0				

47-3123271

Equitable Food Initiative Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in thi	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					
oς	b	Membership dues	1b					
unts	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
Sifts ar A	е	Government grants (contributions)	1e					
imi imi	f	All other contributions, gifts, grants,						
itior er S		and similar amounts not included above	1f	1,909,810				
rib Oth	g	Noncash contributions included in						
nd (lines 1a-1f	1g	\$				
Οæ	h	Total. Add lines 1a-1f			1,909,810			
				Business Code				
an a	2a	Program income- Grower		900099	453,679	453,679		
Š Š	b	Program income - Work		900099	25,942	25,942		
Program Service Revenue	С	Program income -cert/co		900099	249,000	249,000		
e Se	d							
S S	е							
Ţ	f	All other program service revenue						
	g	Total. Add lines 2a-2f			728,621			
	3	Investment income (including dividends, intere	est, a	ind				
		other similar amounts)			11,976			11,976
	4	Income from investment of tax-exempt bond p	roce	eeds▶				
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
	b	other than inventory Less: cost or other basis						
Jue		and sales expenses 7b						
Revenue		Gain or (loss) 7c						
Ä.	d	Net gain or (loss)						
ţ.	8a	Gross income from fundraising						
퉏		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising events						
	9a	Gross income from gaming	_					
	_	activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less	40					
			10a					
		•	10b	-				
	С	Net income or (loss) from sales of inventory	<u>· · · </u>					
w	14-	Winnellanesse Terr		Business Code	2			2 550
Miscellanous Revenue	11a b	Miscellaneous Income	_	900099	3,668			3,668
en Jen	C	-						
Sce Re		All other revenue						
Ξ		Total. Add lines 11a-11d			3,668			
	•	Total revenue See instructions	• •		2 654 075	728 621	0	15 644

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). X 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, trustees, and key employees 77,403 115,599 36,032 2,164 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 1,029,127 689,088 320,774 19,265 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 56,627 37,940 17,554 1,133 9 106,357 71,259 32,971 2,127 10 91,510 61,312 28,368 1,830 11 Fees for services (nonemployees): b 350 350 88,089 16,476 71,121 492 d Professional fundraising services. See Part IV, line 17 . 76,468 76,468 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 445,636 491,577 42,902 3,039 12 13 56,966 40,240 16,424 302 14 3,834 2,568 1,188 78 15 16 17,579 8,134 525 26,238 17 253,196 146,401 103,313 3,482 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 167,833 137,786 28,360 1,687 20 21 22 Depreciation, depletion, and amortization 23 Insurance 30,651 20,536 9,502 613 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Memberships, subscriptions 414 20,710 13,876 6,420 b Bad Debt 9,018 9,018 890 Printing 49,376 48,486 С d e All other expenses 25 Total functional expenses. Add lines 1 through 24e. . 2,673,526 1,826,936 732,971 113,619 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**

2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 1,047,853 3 632,661 4 Accounts receivable, net 4			Check if Schedule O contains a response or note to any line in this Part X			
1 Cash - non-interest-bearing 295,679 1 759,441				(A)		(B)
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 1,047,853 3 632,661 4 Accounts receivable, net 4 5 Loars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons 5 Constraints of the special contributor, or 39% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(f)(3)(B) 6 Constraints of the section 4958(f)(1)), and persons described in section 4958(f)(3)(B) Constraints of the section 4958(f)(1)), and persons described in section 4958(f)(3)(B) Constraints of the section 4958(f)(1)), and persons described in section 4958(f)(3)(B) Constraints of the section 4958(f)(1), and persons described in section 4958(f)(3)(B) Constraints of the section 4958(f)(1), and persons described in section 4958(f)(3)(B) Constraints of the section 4958(f)(1), and persons described in section 4958(f)(3)(B) Constraints of the section 4958(f)(1), and persons described in 4958(f)(3)(B) Constraints of the section 4958(f)(1), and persons described in 4958(f)(3)(B) Constraints of the section 4958(f)(1), and persons described in 4958(f)(1), and				Beginning of year		End of year
3 Piedges and grams receivable, net		1	Cash - non-interest-bearing	295,679	1	759,441
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key empty)vee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5		2	Savings and temporary cash investments		2	
Section Sec		3	Pledges and grants receivable, net	1,047,853	3	632,661
Trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5		4	Accounts receivable, net		4	
Controlled entity or family member of any of these persons 5		5	Loans and other receivables from any current or former officer, director,			
Section 4958(f)(1), and persons described in section 4958(c)(3)(B) 6			trustee, key employee, creator or founder, substantial contributor, or 35%			
### Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			controlled entity or family member of any of these persons		5	
7 Notes and loans receivable, net 7 8		6	Loans and other receivables from other disqualified persons (as defined			
8 Inventories for sale or use 8			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a	"	7	Notes and loans receivable, net		7	
10a	set	8	Inventories for sale or use		8	
Basis. Complete Part VI of Schedule D 10a 10b 10c 10b 10c	As	9	Prepaid expenses and deferred charges	20,427	9	10,311
Description 10c 10c 11c 1		10a	Land, buildings, and equipment: cost or other			
11 Investments - publicity traded securities 11 12 12 Investments - other securities. See Part IV, line 11 12 13 10 14 15 14 15 15 16,625 15 10,141 15 16 16,625 15 10,141 16 17 17 198,058 17 17 198,058 18 14 18 18 18 18 18 1			basis. Complete Part VI of Schedule D 10a			
12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 15 15 16 16 16 16 16 17 16 17 16 17 17		b	Less: accumulated depreciation 10b		10c	
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,370,584 16 1,412,554 17 Accounts payable and accrued expenses 149,137 17 198,058 18 Grants payable 18 12,500 19 25,000 18 12,500 19 25,000 17 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total Iliabilities. Add lines 17 through 25 161,637 26 223,058 27 Net assets without donor restrictions 1,208,947 27 (177,562 28 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 1,208,947 32 1,189,496 37 Total net assets or fund balances 1,208,947 32 1,189,496 32 Total net assets or fund balances 1,208,947 32 1,189,496 31 32 Total net assets or fund balances 1,208,947 32 1,189,496 31 32 Total net assets or fund balances 1,208,947 32 1,189,496 32 1,189,496 33 34 35 36 36 36 36 36 36 36		11	Investments - publicly traded securities		11	
14 Intangible assets 14		12	Investments - other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments - program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 33) 1,370,584 16 1,412,554 17		14	Intangible assets		14	
16 Total assets. Add lines 1 through 15 (must equal line 33) 1,370,584 16 1,412,554 17		15	Other assets. See Part IV, line 11	6,625	15	10,141
18 Grants payable 18 18 12,500 19 25,000 1		16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,412,554
19 Deferred revenue 12,500 19 25,000		17	Accounts payable and accrued expenses	149,137	17	198,058
Tax-exempt bond liabilities 20		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Net assets with odnor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,208,947 32 1,189,496		19	Deferred revenue	12,500	19	25,000
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 25 25 26 26 26 27 27 28 27 28 27 28 27 28 28		20	Tax-exempt bond liabilities		20	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	S	22	Loans and other payables to any current or former officer, director,			
23 Secured mortgages and notes payable to unrelated third parties	iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
23 Secured mortgages and notes payable to unrelated third parties	iab		controlled entity or family member of any of these persons		22	
Total 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	_	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
of Schedule D		25	Other liabilities (including federal income tax, payables to related third			
Total liabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions			of Schedule D		25	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25	161,637	26	223,058
Net assets without donor restrictions			Organizations that follow FASB ASC 958, check here ▶ 🗓			
Net assets without donor restrictions 1,208,947 27 (177,562 28 Net assets with donor restrictions 28 1,367,058 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,208,947 32 1,189,496 33 Total liabilities and net assets/fund balances 1,370,584 33 1,412,554	S		and complete lines 27, 28, 32, and 33.			
28 Net assets with donor restrictions 28 1,367,058	nce	27	Net assets without donor restrictions	1,208,947	27	(177,562
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	3ala	28	Net assets with donor restrictions		28	1,367,058
Total liabilities and net assets/fund balances and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 1,208,947 32 1,189,496 33 Total liabilities and net assets/fund balances 1,370,584 33 1,412,554	ld E		Organizations that do not follow FASB ASC 958, check here ▶			
50 70 70 70 70 70 70 70 70 70 70 70 70 70	Fur		and complete lines 29 through 33.			
80 PAIDPaid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances1,208,947321,189,49633Total liabilities and net assets/fund balances1,370,584331,412,554	ō	29	Capital stock or trust principal, or current funds		29	
31 Retained earnings, endowment, accumulated income, or other funds 31	sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
32 Total net assets or fund balances 1,208,947 32 1,189,496 33 Total liabilities and net assets/fund balances 1,370,584 33 1,412,554	Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
33 Total liabilities and net assets/fund balances	et	32	Total net assets or fund balances	1,208,947	32	1,189,496
	_	33	Total liabilities and net assets/fund balances	1,370,584	33	1,412,554

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		2,	654,	075
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,	673,	526
3	Revenue less expenses. Subtract line 2 from line 1	3			(19,	451
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	208,	947
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,	189,	496
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.					
2a	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	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	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:					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		🛚	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	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		х
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 on Schedule O and describe any steps taken to undergo such audits			3b		
A				Form	aan /	2010)

EEA

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.

Open to Public Inspection

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

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. 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 (described on lines 1-10 listed in your governing support (see other 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) (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.)

<u> </u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,860,177		1,933,205	632,485	1,909,810	9,335,677
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	4,860,177		1,933,205	632,485	1,909,810	9,335,677
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						7,114,539
6	Public support. Subtract line 5 from line 4						2,221,138
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4,860,177		1,933,205	632,485	1,909,810	9,335,677
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9,335,677
	Gross receipts from related activities, etc. (s					12	1,666,657
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thi	ird, fourth, or fiftl	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						► <u>x</u>
	ction C. Computation of Public Support						
14	Public support percentage for 2019 (line 6, c	column (f) divide	ed by line 11,	column (f))		14	%
	Public support percentage from 2018 Sched					15	%
16a	33 1/3% support test - 2019. If the organiza	ation did not ch	eck the box or	n line 13, and lin	e 14 is 33 1/3°	% or more, che	ck this
	box and stop here. The organization qualified			-			
k	33 1/3% support test - 2018. If the organize						
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2019.	_					
	10% or more, and if the organization meets				-	•	
	Part VI how the organization meets the "fact	s-and-circumst	ances" test. T	he organization	qualifies as a	publicly suppor	ted
	organization						▶ □
b	10%-facts-and-circumstances test - 2018.	-					ine
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet				-		cly
	supported organization						▶ □
18	Private foundation. If the organization did r	not check a box	on line 13, 16	6a, 16b, 17a, or	17b, check thi	s box and see	
	instructions						▶ 🔲

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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 fumished 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.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1.6.0	<u> </u>		-04()(0)
14	First five years. If the Form 990 is for the or						
<u></u>	organization, check this box and stop here						· · · · · · · · · · · · · · · · · · ·
	ction C. Computation of Public Suppo					45	0/
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In			in a 40 and unam	(f\)	47	0/
17	1 5					17	%
18	Investment income percentage from 2018 S					18 than 22 1	%
19a	33 1/3% support tests - 2019. If the organiz						
L	17 is not more than 33 1/3%, check this box	-	-	-			-
a	33 1/3% support tests - 2018. If the organization 18 is not more than 23 1/3%, check this						
20	line 18 is not more than 33 1/3%, check this	-	_	-	•		
20	Private foundation. If the organization did r	ioi check a bo	∧ UII III I I I I I I I I I I I I I I I 	a, or 190, the	טע מווס אסע מווט	355 III2[[uctions $ ightharpoonup$

Part IV Supporti

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.)

	V.	
	Yes	No
1		
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3a		
3b		
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4a		
4b		
4c		
5a		
Ju		
5b		
5c		
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8		
9a		
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J.3		
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10a		
iva		
10b		
A (Form 990	or 990-E	Z) 2019

-	Tulle A (Form 990 or 990-EZ) 2019 Equitable Food Initiative 47-312327	L	Р	age
Pa	rt IV Supporting Organizations (continued)		Vaa	NI.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	N
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	N
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>S</u>	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
56 0	tion C. Type it Supporting Organizations		Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	.,
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	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			
	71 11 0 0		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		
	etion E. Type III Functionally Integrated Supporting Organizations		4	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions)).
a				
b		(ooo ir	otruot	tion
C	Activities Test. <i>Answer (a) and (b) below.</i>	(See II		
2 a			Yes	IA
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		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

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.

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

2b

3a

Schedule A (Form 990 or 990-EZ) 2019 Equitable FOOD Initiative		47-312	3271 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a continuous contin	qualifying trust o	on Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting	ng organizations	s must complete Section	ns 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 a	amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

instructions).

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt 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	es of supported organizati	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 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i_	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
а	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
d	Excess from 2018						

e Excess from 2019

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)

Schedule of Contributors

2019

Employer identification number

47-3123271

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Organization type (check one):

Equitable Food Initiative

Filers of:	Section:
Form 990 or 990-EZ	▼ 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 cove	red by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8 instructions.), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	F 000 000 F7 000 PF that received device the core contributions (Atalian @F 000
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000
	perty) from any one contributor. Complete Parts I and II. See instructions for determining a
contributor's total contribu	IIIOTS.
Special Rules	
x For an organization des	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
	at received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000; or (2) 2% of the	e amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization des	scribed 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, II, and III.
For an organization des	scribed 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
	ore than \$1,000. If this box is checked, enter here the total contributions that were received
• •	exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions
totaling \$5,000 or more	during the year
Caution: An organization that icr	b't covered by the Coneral Pule and/or the Special Pules descrit file Schedule P (Form 000

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

Name of organization

Equitable Food Initiative

Employer identification number

47-3123271

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Tides Foundation PO Box 29903 San Francisco, CA 94129	\$\$	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	WALMART 702 SOUTHWEST 8TH STREET Bentonville, AR 72716-0150	\$ 1,200,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JAMES IRVINE FOUNDATION ONE BUSH STREET SUITE 800 San Francisco, CA 94104	\$\$	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Equ	itable Food Initiative		47-3123271
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
-	funds are the organization's property, subject to the organization	-	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
•	only for charitable purposes and not for the benefit of the dono	<u> </u>	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
. u	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	_	f a historically important land area
	Protection of natural habitat		f a certified historic structure
			i a certified filstoffe structure
2	Preservation of open space	conservation contribution in the form of a co	anagration
2	Complete lines 2a through 2d if the organization held a qualified	Conservation contribution in the form of a co	
_	easement on the last day of the tax year.		Held at the End of the Tax Year
a		• • • • • • • • • • • • • • • • • • • •	
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic struc		<u>2</u> c
d	Number of conservation easements included in (c) acquired at		
_	· ·		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year •		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	ion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	
			- -
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements the	nat describes the
D -	organization's accounting for conservation easements.	of Aut Illiatoria al Transcomo and	Miles O'melles Assets
Pa	rt III Organizations Maintaining Collections		otner Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		rance of public
	service, provide, in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
			-
	(ii) Assets included in Form 990, Part X		1
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gai	in, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

	organizations maintaining Co								ssets	COIIL	muea)
3	Using the organization's acquisition, accession, a	ind other records	, check a	ny of	the folio	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):										
а	Public exhibition		d	Ц	Loan	or exchange	program	IS			
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's collect	tions and explain	how they	/ furth	er the c	organization's	exemp	purpose in Part			
	XIII.										
5	During the year, did the organization solicit or rec	eive donations of	art, histo	rical	treasure	es, or other s	imilar				
	assets to be sold to raise funds rather than to be	maintained as pa	art of the	orgai	nization'	's collection?			. 🗆 Y	'es	☐ No
Pai	rt IV Escrow and Custodial Arrang	ements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or	other intermedia	ry for cor	ntribut	tions or	other assets	not				
	included on Form 990, Part X?								🗆 Y	'es	☐ No
b	If "Yes," explain the arrangement in Part XIII and										
	, ,	•	J					IA Ar	mount		
С	Beginning balance						. 10				
d	Additions during the year										
e											
_	Ending balance						. 16				
f	Did the organization include an amount on Form						· -			/	No
2a											∐ No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck nere if the ex	planation	nas i	been pr	ovided on Pa	art XIII	<u> </u>		• •	
Pai	Endowment Funds.	1 113 / 11	_	-		. D. / P	4.0				
	Complete if the organization and	swered "Yes"	on For	m 99	90, Pa	art IV, line	10.				
		(a) Current year	(b) l	Prior ye	ear	(c) Two years	s back	(d) Three years back	(e) F	our year	rs back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current y	year and halance	(line 1a	colum	nn (a)) k	hold ac:					
a	Board designated or quasi-endowment	%	(iiiic ig,	COIGII	π (α)) ι	iciu as.					
_	<u> </u>										
b											
С	Term endowment ▶ %	1.4000/									
	The percentages on lines 2a, 2b, and 2c should e	•									
3a	Are there endowment funds not in the possession	n of the organiza	tion that a	are he	eld and	administered	for the				
	organization by:									Ye	s No
	(i) Unrelated organizations								. 3a	(i)	
	(ii) Related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on Sc	hedul	e R?.				. 3I)	
4	Describe in Part XIII the intended uses of the organic	ganization's endo	wment fu	nds.							
Pai	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization and	swered "Yes"	on For	m 99	90, Pa	art IV, line	11a. S	ee Form 990,	Part X,	line	10.
	Description of property	(a) Cost or oth				r other basis		Accumulated		ook val	
		(investm		`	(0	other)		epreciation	` ,		
1a	Land										
b	Buildings										
۲ C	Leasehold improvements										
d	Equipment										
<u>е</u>	Other	15 255			D) "	10 '					
Tota	 Add lines 1a through 1e. (Column (d) must equ 	ıaı ⊢orm 990, Pa	rt X, colu	ımn (l	₿), line	1U.C.)					

Schedule D (Form	990) 2019 Equitable Food I	nitiative			47	-3123271	Page 3
Part VII	Investments - Other Securities.						
-	Complete if the organization answere	d "Yes" on For	m 990, Part	IV, line	e 11b. See Forn	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book val	ue		(c) Method of valuation or end-of-year market va	
(1) Financial o							
` '	Id equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F) (G)							
(H)							
_ ` '	n (b) must equal Form 990, Part X, col. (B) line 12	2.) ▶					
Part VIII	Investments - Program Related.	,, , , , , , ,					
	Complete if the organization answere	d "Yes" on For	m 990, Part	IV, line	e 11c. See Forn	n 990, Part X,	line 13.
	(a) Description of investment		(b) Book val	ue		(c) Method of valuation	:
					Cost	or end-of-year market va	alue
(1)							
(2)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13	3.) ▶					
Part IX	Other Assets.		000 D	N/ P.	. 44 0	- 000 D V	l' 45
-	Complete if the organization answere		m 990, Part	IV, IIN	e 11a. See Forn		
(1)	(a) D	escription				(b) Boo	ok value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)					
Part X	Other Liabilities. Complete if the organization answere	d "Voc" on For	m 000 Part	I\/ lin/	0 110 or 11f So	o Form 000 F	Oort V
	line 25.	u res diredi	iii 990, Fait	IV, IIIR	e i le di i li. Se	e Foiii 990, F	ait A,
1.	(a) Description of liability	(b) Book	/alue				
(1) Federal in		(2) 2001.	74.00				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	b) must equal Form 990, Part X, col. (B) line 25.).						
· Jiai. (Colullill (o, musi equal i omi 330, Fall A, Ool. (D) IIIle 20.).						

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	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	2,710,951
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	56,876		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	56,876
3	Subtract line 2e from line 1		,	3	2,654,075
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,654,075
Pa	rt XII Reconciliation of Expenses per Audited Financial State			per F	Return.
	Complete if the organization answered "Yes" on Form 990	, Par	t IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	2,730,402
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	56,876		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	56,876
3	Subtract line 2e from line 1			3	2,673,526
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
				5	2,673,526
	rt XIII Supplemental Information.				
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information.	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1	b and 2b; Part V, line 4; I		

EEA Schedule D (Form 990) 2019

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.

2019

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization Equitable Food Initiative 47-3123271 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e x Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b Phone solicitations g Special fundraising events \mathbf{d} In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, x Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 Jonathan Halperin identify and PO Box 15871, MD 20814 introduction X 285,000 76,468 208,532 2 3 4 5 6 7 8 9 10 285,000 76,468 208,532 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. California, District of Columbia

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

Part II

		gross receipts greater than \$	JO,000.			
		3 1 3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				
Pa	rt II	Gaming. Complete if the o	rganization answered '	'Yes" on Form 990, Part I	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ, I	ine 6a.			
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		Cross rougelus	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	2 3 4	Cash prizes	(a) Bingo Yes % No		(c) Other gaming Yes % No	
rect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	☐ Yes%	
rect Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% No	
rect 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))
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 If "	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column on conducts gaming activities in each o	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Equitable Food Initiative	47-3123271
Ol Barry 000 according help accident (Barry 117 147 14)	
01. Form 990 governing body review (Part VI, line 11)	
The 990 is distributed to the entire board for review and approval prior t	o 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 establi	shing salary
pands 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 ch	air and
executive director was tasked with negotiating Stair Salaries while the th	air anu
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 establi	shing salary
pands 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 ch	air 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: 272.686 Program	

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number Equitable Food Initiative 47-3123271 Certification/Verification Consultants: 81,425 Program Marketing & Communications Consultants: 66,540 Program Other Consultants: 23,511 Program Other Consultants: 41,499 Mgmt & General Exp's Other Consultants: 3,039 Fundraising Contract Srvs: 2,300 Program Bank Fees: 1,579 Mgmt & General

IRS e-file Signature Authorization for an Exempt Organization

		•	_	
or calendar vear 2019	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.

2019

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

47-3123271

Employer identification number

Equitable Food Initiative Name and title of officer

Peter O'Driscoll, Executive Director

Type of Return and Return 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 X 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 2019 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.

cer	S PIN: Check one box only			
х	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 2019 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of 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 signatu	ire on the organizat	tion's tay year 2019 a	lectronically 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 07-14-2020 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.

274725 16770 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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.

Date ▶ 07-14-2020 ERO's signature

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

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: 07-14-2020

Return Information

Item on Return	2019	2018 Federal
item on Return	Federal	(If available)
Total Revenue	2,654,075	1,096,934
Total Expenses	2,673,526	2,096,757
Net Excess (Deficit)	(19,451)	(999,823)
Net Assets or Fund		
Balances	1,189,496	1,208,947

State/City Information

State/City	<u>Taxable</u>	Total	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)
CA	744,265	(19,451)				10

TAXABLE YEAR 2019

California Exempt Organization Annual Information Return

____FORM

199

Calenda	r Year 2019 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/d	d/yyyy)			
Corporatio	n/Organization name			California co	rporation number	er e	
EQUI'	TABLE FOOD INITIATIVE			37512	268		
Additional	information. See instructions.			FEIN			
				47-32	123271		
Street add	ress (suite or room)				PMB no.		
<u> 1875</u>	CONNECTICUT AVENUE NW AP	T 10 FL.					
City				State	Zip code		
WASH	INGTON			DC	20009		
Foreign co	untry name Fore	eign province/state/c	ounty		Foreign posta	l code	
A First Re		= =	J If exempt under R&TC Section 23701d, has the	e organization	1		,
B Amende	d Return • • • • • • • • • • • • • • • • • • •	Yes X No	engaged in political activities? See instructions	• • •		• Yes	No
C IRC Sec	tion 4947(a)(1) trust • • • • • • • • • • • • • • • • • • •	Yes 🔀 No	K Is the organization exempt under R&TC Section	on 23701g? •		• Yes	No
	ormation Return?		If "Yes," enter the gross receipts from nonmen	nber sources		\$	
●□□□	bissolved Surrendered (Withdrawn) Merged/Reorg	anized	L If organization is a public charity exempt unde	r R&TC			
	ate: (mm/dd/yyyy)		Section 23701d and meets the filing fee excep			- C	
	ccounting method: (1) Cash (2) X Accrual	(3) U Other	check box. No filing fee is required • • • •				4
	return filed? (1) ● 990T (2) ● 990PF (3) ●		M Is the organization a Limited Liability Company			● Yes X	No
	other 990 series		N Did the organization file Form 100 or Form 109			•□ □	1
	group filing? See instructions	Yes No	taxable income? • • • • • • • • • • • • • • • • • • •			Yes _] No
	rganization in a group exemption • • • • • • • • • • • • • • • • • • •	Yes X No	Is the organization under audit by the IRS or h			•□ , [⊽	i
IT "Yes,"	what is the parent's name?		audited in a prior year?			Yes X	No No
I Did the			P Is federal Form 1023/1024 pending? Date filed with IRS			∐ Yes X	j No
	organization have any changes to its guidelines rted to the FTB? See instructions ••••• • [Yes X No	Date filed with IRS				
Part I	Complete Part I unless not required to file this form. See Gen		and C				
	Gross sales or receipts from other sources. From Side 2, Pa			•	1	744,265	00
	2 Gross dues and assessments from members and affiliates				2	7117203	00
Receipts	3 Gross contributions, gifts, grants, and similar amounts receiv	/ed • • • •				,909,810	00
and Revenues	Total gross receipts for filing requirement test. Add line 1 thru					707,020	1
	This line must be completed. If the result is less than \$50,0	_	ormation B • • • • • • • • • • • • • • • • • •	•	4 2	,654,075	00
	5 Cost of goods sold • • • • • • • • • • • • • • • • • • •		• 5	0		·	
	6 Cost or other basis, and sales expenses of assets sold • •		• 6	0	0		
	7 Total costs. Add line 5 and line 6 · · · · · · · · · · · ·				7		00
	8 Total gross income. Subtract line 7 from line 4 · · · · ·			•	8 2,	,654,075	00
F	9 Total expenses and disbursements. From Side 2, Part II, line	e 18 • • • • •		•		,673,526	00
Expenses	10 Excess of receipts over expenses and disbursements. Subtr	ract line 9 from line 8		•	10	(19,451)	00
	11 Total payments • • • • • • • • • • • • • • • • • • •				11		00
Filing	12 Use tax. See General Information K • • • • • •			•	12		00
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtract lin	ne 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	10	00
	16 Penalties and Interest. See General Information J				16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract			📵		10	00
Sign	Under penalties of perjury, I declare that I have examined this retrue, correct, and complete. Declaration of preparer (other than	eturn, including accol n taxpayer) is based c	mpanying schedules and statements, and to the bo on all information of which preparer has any knowle	edge.	riedge and bellet	, It IS	
Here	Signature		Title Date	, , , , , ,	•Telephone		
	of officer PETER O'DRISCOLL		EXECUTIVE DIR 07/14	/2020		30-6672	
	Preparer's		Date Check if self		●PTIN	4050	
Paid	signature ► TIM ABERCROMBIE		07/14/2020 employed		P01254		
Preparer's Use Only		חדע ע יודרו	ACCOCTATES ITS		●Firm's FEIN		
Jac Only	if self-employed) and address ABERCROM. 8609 SEC		ASSOCIATES LLC		74-31	10//0	
	SILVER S				●Telephone	85-5050	1
					● X Yes	7 №	
	May the FTB discuss this return with the preparer shown above	er see instructions		• • • •	ZZ Yes [

Part II Organizations with gross receipts of more than \$50,000 and private foundations 47-3123271 regardless of amount of gross receipts - complete Part II or furnish substitute information. Gross sales or receipts from all business activities. See instructions 1 732,289 00 2 11,976 00 3 00 Receipts 4 00 from Other 5 00 Sources Gross amount received from sale of assets (See Instructions) 6 00 7 7 00 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. . . . 8 744,265 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 10 10 00 11 Compensation of officers, directors, and trustees. Attach schedule 11 00 115,599 12 00 1,283,621 Expenses 13 00 and 14 00 Disburse 15 Rents 15 00 ments 00 16 Other Expenses and Disbursements. Attach schedule 17 00 1,274,306 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 2,673,526 00 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (c) (d) 295,679 759,441 • 1,047,853 632,661 • Federal and state government obligations · · · · • Investments in other bonds ۰ 7 ۰ Other investments. Attach schedule • **b** Less accumulated depreciation **11** Land............. • • 27,052 20,452 1,370,584 1,412,554 Liabilities and net worth 149,137 198,058 Contributions, gifts, or grants payable ۰ • **18** Other liabilities. Attach schedule 12,500 25,000 • 19 • 20 Paid-in or capital surplus. Attach reconciliation . • 21 Retained earnings or income fund 1,208,947 1,189,496 22 Total liabilities and net worth 1,370,584 1,412,554 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 7 Income recorded on books this year not included in this return. Attach schedule 3 Excess of capital losses over capital gains . . . 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. Attach schedule Total. Add line 7 and line 8 · · · · · · · 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5 Subtract line 9 from line 6

Side 2 Form 199 2019

043

3652194

California Form 199 Supporting Statements

California Form 199

Part I - Line 3 -- Gross contributions, gifts, grants, and similar amounts received, Part I, Line 3

PG01

Name(s) shown on return

Equitable Food Initiative

California Form 199 Supporting Statements

PG01

Identifying Number
47-3123271

Name(s) shown on return			Identifying Number		
Equitable Food Init:			47-31		
(a)	(b)		(c)	(d)	
Contributor's	Contributor's		Date	Amount	
Name	Address	Re	eceived	Received	
Sillicon Valley Four	n555 Bryant Street 259 Palo Alto, CA 94301			350,000	
Walmart Foundation	702 Southwest 8th Street Bentonville, AR 72716			1,200,000	
James Irvine Found	One Bush Street Suite 800 San Francisco, CA 94104			285,000	
Tides Foundation	PO Box 29903 San Francisco, CA 94129			50,000	

Date Accepted

TAXABLE YEAR California e-file Return Authorization for Exempt Organizations

FORM

2019	Exempt	Organizations						8453-EO	
Exempt Organiza	ation name BLE FOOD IN	ITIATIVE				I .	ifying numb	er 23271	
~		rmation (whole dollars only)							
 Total gro Total gro 	ess receipts (Form 199 ess income (Form 199,	0, line 4)						2,654,075	
Part II s	ettle Your Account E	lectronically for Taxable Year 201	9						
	tronic funds withdrawa		-	4b	Withdrawal d	ate (mm/d	d/yyyy)		
Part III B	anking Information	(Have you verified the exempt organ	nization's banki	ng inform	nation?)				
5 Routing					,				
6 Account	-		7	Type of a	account:	Checking		Savings	
Part IV D	eclaration of Officer								
I authorize the the amount list		count to be settled as designated in Part	II. If I check Part	II, Box 4,	I authorize an e	lectronic fur	nds withdr	awal for	
the exempt org exempt organization re processing of reason(s) for	ganization is filing a balan zation's fee liability, the e eturn and accompanying of f the exempt organization	c return. To the best of my knowledge an- noe due return, I understand that if the Fra xempt organization will remain liable for t schedules and statements be transmitted on's return or refund is delayed, I auth	anchise Tax Board he fee liability and to the FTB by the	d (FTB) do l all applic ERO, tra	es not receive fable interest an ansmitter, or inte	ull and time d penalties rmediate se	ly payme I authoriz ervice prov	nt of the re the exempt vider. If the	
Sign Here			07-14-2	020	EXEC	UTIVE	DIR	ECTOR	
	Signature of officer		Date		Title				
Part V	Declaration of Electr	onic Return Originator (ERO) and	l Paid Prepare	r. See in	structions.				
knowledge. (If however, that I transmitting thi followed all oth for four years available to the return and according to the second sec	I am only an intermediate form FTB 8453-EO accur is return to the FTB; I have the requirements describe from the due date of the left FTB upon request. If I a	e exempt organization's return and that the service provider, I understand that I am rately reflects the data on the return.) I have provided the organization officer with a provided the provided that the exempt also the paid preparer, under penalties distatements, and to the best of my known knowledge.	not responsible for ve obtained the of copy of all forms Authorized e-file empt organization of perjury, I decl	or reviewir rganizatio and inforr Providers return is f are that I I	ng the exempt on officer's signal mation that I will leep form filed, whichever have examined	rganization' ture on form file with the FTB 8453- is later, and the above e	s return. I n FTB 845 n FTB, and EO on file I I will mak exempt org	declare, 3-EO before 11 have 9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-	
	ERO's- ⊾		Date		Check if	Check if self-		ERO's PTIN	
ERO	signature TIM	ABERCROMBIE			also paid preparer	emplo		P01254858	
Must Sign	Firm's name (or yours	ABERCROMBIE AND A	ASSOCIAT	ES L	LC.		Firm's F	3116770	
9	and address 8609 SECOND AVE		IUE 507B				ZIP code		
•		SILVER SPRING , Note that the street of the	n's return and acc		•			20910 he best of	
,	and belief, they are true, Paid	correct, and complete. I make this decla	ration based on a	I informat Date	ion of which I ha	ave knowled Check	lge.	Paid preparer's PTIN	
Paid Preparer	preparer's signature			Date		if self- employe	ed \square	Talu preparer 3 i Tiliv	
Must Sign	Firm's name (or yours					1	Firm's F	EIN	
~.5"	if self-employed) and address	-					1	ZIP code	