PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 42-60-50

Form **990** 

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2016 calendar year, or tax year beginning $$ AUG $$ L $$ , $$ $$ $$ $$ $$ $$ $$ $$ and er	nding J	ОГ 3Т, ∠ОТ/	
<b>B</b> c	heck if pplicab	C Name of organization		D Employer identifi	cation number
	Addre chang Name				
$\vdash$	chang	Doing business as		27-3	990987
	Initial return Final return	1140 GE 7mu xxr	oom/suite 10	E Telephone numbe 2125	967045
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,989,036.
X	Amen	PORTLAND, OR 97214		H(a) Is this a group re	
	Application			for subordinates	
	pendi	<sup>ng</sup> 1140 SE 7TH AVE, SUITE 110, PORTLAND, O	R 97	<b>H(b)</b> Are all subordinates i	
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or		1	list. (see instructions)
		te: NWW.FOODCORPS.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Year		M State of legal domicile: NY
	art I	Summary	Lioui	orionnation, 2020 1	otato or logar dominono; 21 2
		Briefly describe the organization's mission or most significant activities: A NAT	IONWI	DE TEAM OF	LEADERS WHO
Activities & Governance	'	CONNECT KIDS TO HEALTHY FOOD.		22 12121 01	
ž	2	Check this box  if the organization discontinued its operations or dispose	d of more	than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
S S		Number of independent voting members of the governing body (Part VI, line 1b)			9
es S		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			448
ξ	6	Total number of volunteers (estimate if necessary)		6	6694
ĊĖ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
•		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		9,849,825.	
Š	9	Program service revenue (Part VIII, line 2g)		969,779.	1,364,528.
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		197.	1,658.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	17,873.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,819,801.	12,989,036.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,099,058.	9,221,443.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Б.	b	Total fundraising expenses (Part IX, column (D), line 25)	2.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,330,317.	2,484,989.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,429,375.	
		Revenue less expenses. Subtract line 18 from line 12		390,426.	
ts or inces				ginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		10,533,085.	
Net Asset Fund Balar	21	Total liabilities (Part X, line 26)		403,404.	511,561.
E E	22	Net assets or fund balances. Subtract line 21 from line 20		10,129,681.	11,412,285.
	rt II	Signature Block		•	<u> </u>
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			
					_
Sigi	n	Signature of officer		Date	
Her		CURTIS ELLIS, CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Ţ	Date Check	PTIN
Paid	i	PHIL ROSENBERG	lo	7/30/18 if self-employ	P00221232
	arer	Firm's name ROSENBERG & MANENTE, PLLC		Firm's EIN	20-4153538
-	Only	Firm's address 12 W 32ND STREET, 10TH FL		1	
	,	NEW YORK, NY 10001		Phone no 21	2-563-2525
Mav	/ the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.22	X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TOGETHER WITH COMMUNITIES, FOODCORPS SERVES TO CONNECT KIDS TO HEALTHY
	FOOD IN SCHOOLS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	0.000.000
	FOODCORPS FIELDED ITS SIXTH CLASS OF LEADERS DURING THE FISCAL PERIOD
	UNDER AUDIT, SUPPORTING 215 SERVICE MEMBERS AND 18 FELLOWS THROUGHOUT
	THEIR YEARLONG TERM OF SERVICE AND WORKING ACROSS 17 STATES AND
	WASHINGTON D.C. TO MEET THE ORGANIZATION'S MISSION. TOGETHER WITH
	COMMUNITIES, FOODCORPS SERVES TO CONNECT TO HEALTHY FOOD IN SCHOOL.
	Oddining 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	HANDS-ON LEARNING:
	-TAUGHT 25,520 KIDS FOR 10+ HOURS - A TIPPING POINT TO CHANGE WHAT KIDS
	EAT.
	-SUPPORTED 783 GARDENS FOR IMMERSIVE OUTDOOR LEARNING.
	DOITORIED 703 GARDENS FOR IMMERSIVE COIDCOR DEARWING:
4b	(Code:) (Expenses \$
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 8,922,997.

# Form 990 (2016) FOODCORPS, I 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
		_	aan	(0040)

# Form 990 (2016) FOODCORPS, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 employees? If "Yes," complete Schedule J	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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
JU	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		├ <u>-</u>
	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	
			000	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 448			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			L
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		$\stackrel{\Delta}{\vdash}$
D	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).	GD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>—</b>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
	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 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	3			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		I.,	
	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	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			х
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
4	of officers, directors, or trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳		<del></del>
1 a	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		
Б		7b		x
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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.			
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," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		T7 C	777
17	List the states with which a copy of this Form 990 is required to be filed NY, AL, AK, AR, CA, CT, FL, GA, HI			, K.
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	cial	
00	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:  JULIA BROMKA - 212-596-7045			
	1140 SE 7TH AVE, SUITE 110, PORTLAND, OR 97214			

27-3990987 Page **7** 

Form **990** (2016)

Form 990 (2016)

632007 11-11-16

FOODCORPS, INC.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A)	(B)	Jugo		((	<u></u>			(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both a officer and a director/trustee			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CURTIS ELLIS CEO	50.00	х		х				144,473.	0.	18,521.
(2) JENNY SHILLING STEIN	1.00									-
DIRECTOR		Х						0.	0.	0.
(3) ELIZA GREENBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(4) ORAN HESTERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) KATHLEEN MERRIGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN GOMPERTS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RICARDO SALVADOR	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) ALLISON ROSE	1.00								_	
DIRECTOR		Х						0.	0.	0.
(9) SUE TUNNELL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SIERRA BURNETT CLARK	1.00									
DIRECTOR	<u> </u>	Х		Х				0.	0.	0.
(11) JULIA BROMKA	50.00							100 000		15 004
VP OF FINANCE AND OPERATIONS	F0 00					Х		108,290.	0.	17,894.
(12) GLENWAY FRIPP	50.00	l						106 400		17 014
VP OF PROGRAMS	E0 00					Х		106,420.	0.	17,814.
(13) KATHLEEN PAYLOR	50.00					٦,		100 200	0	16 170
DIRECTOR OF PHILANTHROPIC INVESTMENT	50.00					Х		102,399.	0.	16,179.
(14) CECILY UPTON	30.00	ł				х		111,084.	0.	17 220
VP OF INNOVATIONS AND STRATEGY						^		111,004.	0.	17,339.
									_	

Pa	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable		Estimated		
		hours per week					is bot or/trus		compensation from	compensation from relate		l	nount other	
		(list any	ctor						the	organization			pensa	
		hours for	individual trustee or director				peq		organization	(W-2/1099-MI	SC)	fr	rom th	е
		related organizations	ustee (	Institutional trustee		90	beusa		(W-2/1099-MISC)			ı ~	anizat	
		below	lual tri	tional		ploye	st com	_				l	d relat anizati	
		line)	Individ	Institu	Office r	Key employee	Highest compensated employee	Former						00
			L											
			1											
			<u> </u>											
			┨											
			⊢			$\vdash$	$\vdash$	┢						
			•											
			$\vdash$			t								
			<u> </u>									<u> </u>		
			┨											
		<del>                                     </del>	⊢			┢	$\vdash$	┝						
			ł											
			1											
1b	Sub-total							<b></b>	572,666.		0.	8	7,7	47.
С	Total from continuation sheets to Part V	I, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)								572,666.		0.	8	7,7	47.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportat	ole			-
	compensation from the organization		—										Yes	No.
3	Did the organization list any <b>former</b> officer,	director or tru	ıcta	o ka	ov or	mple	2000	or	highest compensated a	mplovee on			163	140
Ü	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	•							•	•		4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ed organization or indiv	idual for services	3			
_	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				<u></u>	5		X
	ction B. Independent Contractors									<b>*</b>				
1	Complete this table for your five highest co	•	•							*	npens	ation 1	rom	
	the organization. Report compensation for (A)	ine calendar y	ear	enui	ng v	VILII	OI W	/14/11/	(B)	year.		(0	<u>., , , , , , , , , , , , , , , , , , , </u>	
	Name and business	address	N	INC	E				Description of s	services	c	Compe		n
								$\dashv$						
			—					$\dashv$						
								$\dashv$						
2	Total number of independent contractors (	ncluding but n	ot li	mite	d to		^	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					0							

Form 990 (2016) FOODCOR

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				·	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t str	1 a	Federated campaigns	1a					
ira		Membership dues						
S, G		Fundraising events						
ar la		Related organizations						
E,S	е	Government grants (contribut	ions) 1e	2,440,830.				
Figure		All other contributions, gifts, grant						
la g		similar amounts not included above	/e <b>1f</b>	9,164,147.				
d d	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<b>&gt;</b>	11,604,977.			
				Business Code				
8	2 a	PROGRAM SERVICE FEES		900099	1,364,528.	1,364,528.		
Program Service Revenue	b							
Sel	С							
ran ev	d							
δ <u>.</u>	е							
ا -		All other program service reve						
$\Box$	g	Total. Add lines 2a-2f			1,364,528.			
	3	Investment income (including						
		other similar amounts)		🕨	1,658.			1,658.
	4	Income from investment of tax		1				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······ •				
Jue	8 a	Gross income from fundraising including \$	•					
evenue		contributions reported on line	of					
		Part IV, line 18	,	,				
Other R	h	Less: direct expenses						
0		Net income or (loss) from func						
		Gross income from gaming ac						
		Part IV, line 19		,				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		ı				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory .					
[		Miscellaneous Revenu	e	Business Code				
	11 a	MISCELLANEOUS REVENUE		524298	17,873.			17,873.
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			17,873.			
	12	Total revenue. See instructions.			12,989,036.	1,364,528.	0.	19,531.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respor	nse or note to any line in to (A)		(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	( <b>B)</b> Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	160 004		160 004						
	trustees, and key employees	162,994.		162,994.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	7 506 045	F 000 10F	202 (54	1 010 154					
7	Other salaries and wages	7,506,945.	5,900,137.	393,654.	1,213,154.					
8	Pension plan accruals and contributions (include	105 075	01 053	7 504	16 200					
	section 401(k) and 403(b) employer contributions)	105,875.	81,953. 687,506.	7,524. 46,313.	16,398. 99,160.					
9	Other employee benefits	832,979.			99,160.					
10	Payroll taxes	612,650.	471,059.	49,310.	92,281.					
11	Fees for services (non-employees):									
_	Management									
b	Legal	36,429.		36,429.						
C	Accounting	30,449.		30,429.						
d	, , , , , , , , , , , , , , , , , , , ,									
e	Professional fundraising services. See Part IV, line 17									
Ť	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	155,994.	109,882.	16,702.	20 /10					
40	column (A) amount, list line 11g expenses on Sch 0.)	12,330.	6,027.	10,702.	29,410.					
12	Advertising and promotion	67,182.	44,339.	6,823.	16,020.					
13	Office expenses	170,829.	124,554.	25,253.	21,022.					
14	Information technology	170,023.	124,334.	25,255	21,022.					
15	Royalties	372,326.	320,955.	26,705.	24,666.					
16	Occupancy	901,241.	744,389.	51,369.	105,483.					
17 18	Payments of travel or entertainment expenses	JUI, ZIII •	744,303.	31,303.	103,403.					
10										
10	for any federal, state, or local public officials  Conferences, conventions, and meetings	65,116.	44,463.	5,761.	14,892.					
19 20		05,110.	44,403.	3,7010	<u> </u>					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	22,057.	20,106.	747.	1,204.					
23	Insurance	67,359.	31,673.	23,626.	12,060.					
24	Other expenses. Itemize expenses not covered	3.,003.	22,0.31	_3,0_0.	==,000					
~~	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)									
а	SUPPLIES & REFERENCE MA	233,177.	177,785.	21,357.	34,035.					
b	CONSULTING	232,368.	68,332.	2,998.	161,038.					
c	RESEARCH & EVALUATION C	41,932.	41,932.	0.	0.					
d	COMPLIANCE	40,470.	27,146.	12,870.	454.					
	All other expenses	66,179.	20,759.	40,128.	5,292.					
25	Total functional expenses. Add lines 1 through 24e	11,706,432.	8,922,997.	930,563.	1,852,872.					
26	Joint costs. Complete this line only if the organization				_					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
63201	11-11-16				Form <b>990</b> (2016)					

	ILX	Balarioc officet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,753,779.	1	2,926,224.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			7,300,900.	3	8,368,014.
	4	Accounts receivable, net			55,966.	4	97,231.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c	e)(3)(B), and contributing			
		employers and sponsoring organizations of sec	employers and sponsoring organizations of section 501(c)(9) voluntary				
şt		employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			294,910.	9	366,447.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		203,227.			
	b	Less: accumulated depreciation	10b	85,638.	68,413.	10c	117,589.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		E0 44E	14	40 244	
	15	Other assets. See Part IV, line 11		59,117.	15	48,341.	
	16	Total assets. Add lines 1 through 15 (must equ			10,533,085.	16	11,923,846.
	17	Accounts payable and accrued expenses	378,404.	17	493,513.		
	18	Grants payable			25,000.	18	18,048.
	19	Deferred revenue			23,000.	19	10,040.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		T		21	
Liabilities	22	Loans and other payables to current and former					
Ē		key employees, highest compensated employee				00	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				22	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			403,404.	26	511,561.
		Organizations that follow SFAS 117 (ASC 958			, ,		, , , ,
တ္တ		complete lines 27 through 29, and lines 33 ar		,			
ž	27	Unrestricted net assets			1,461,511.	27	2,001,020.
ala	28	Temporarily restricted net assets			8,668,170.	28	9,411,265.
B B	29			<u></u>		29	
ᇐ		Organizations that do not follow SFAS 117 (A					
ᇹ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			10,129,681.	33	11,412,285.
	34	Total liabilities and net assets/fund balances			10,533,085.	34	11,923,846.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Х Form 990 (2016)

За