Form **990**

Department of the Treasury

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

Open to Public Inspection

OMB No. 1545-0047

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		return/terminated									G Gross	rossinto	\$ 24	00 104
			F Name	and addre	ss of princ	ipal officer: RC				H(a) Is this			/	99,194. Yes X No
	Appi	ication pending					ON KARP							Yes No
1	Tax or	empt status:	SAME 2 X 501(c)		501(c)		(insert no.)	4947(a)(1) o	or 527	H(b) Are all If "No,"	' attach a lis	st. (see in	structions)	
<u>-</u>							(Insert no.)	4947(a)(1) (JI 327					
л К			W.FFTF		1		Other ►			H(c) Group				C1
	art I	f organization:		ation	Trust	Association	Other -	L	. Year of format	ion: 198	8 11	State of	legal domicile:	CA
Га		Summar	y ibe the or	ranizati	ion's mi	ssion or mos	t significant	activities:FC		דט∩וו∩ט	π/с м		N TC TC	
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Governance	2 C	heck this be	ox ►	if the o	rganiza	tion discontir	nued its ope	rations or dis	posed of m	ore than 2	5% of its	net as	sets.	
ğ	3 N							ne 1a)						10
ୖୢ୰	4 N		•	-	-	-	-	y (Part VI, lir						10
itie								Part V, line 2						23
Activities &	6 T			•		,	,	line 12				6 7a		500
4								38				7a 7b		0.
							550 T, IIIC	50			rior Year		Curre	nt Year
	8 C	ontributions	and grar	nts (Par	t VIII. lii	ne 1h)					.,771,			594,466.
Revenue												896.	1,0	14,668.
ver												791.		88,308.
В								and 11e)			198,		1	85,193.
	12 T	otal revenue	e – add li	nes 8 t	hrough	11 (must equ	al Part VIII,	column (A),	line 12)	. 2	2,072,			982,635.
	13 G	irants and s	imilar am	ounts p	aid (Pa	rt IX, column	(A), lines 1	-3)			41,	600.		45,023.
	14 B	enefits paid	I to or for	membe	ers (Parl	IX, column	(A), line 4).							
Ś	15 S	alaries, oth	er compei	nsation	, employ	ee benefits	(Part IX, co	umn (A), line	es 5-10)		872,	875.	Ç	961,326.
Expenses	16a P	rofessional	fundraisir	ng fees	(Part IX	, column (A)	, line 11e).							
ber	b ⊺∈	otal fundrai	sing expe	nses (F	Part IX, d	column (D), l	ine 25) 🕨	3	47,684.					
ñ	17 0	ther expension	ses (Part	IX, colu	mn (A).	lines 11a-11	d, 11f-24e)				,398,	319	1.2	270,923.
			-				-	(A), line 25).			2,312,			277,272.
		•									-240,			294,637.
r e										Beainnir	ng of Curre			of Year
iets Jano	20 T									. 5	5,167,			520,146.
Net Assets or Fund Balances	21 T	otal liabilitie	es (Part X	, line 20	6)						161,	011.		90,671.
Net	22 N	let assets o	r fund bala	ances.	Subtrac	t line 21 from	n line 20			. 5	5,006,	496.	4,4	129,475.
Pa	art II	Signatu	re Block	[, ,		,	<u> </u>
Und	er penalties	s of perjury, I d	eclare that I I	nave exan	nined this i	eturn, including	accompanying s	chedules and stat rer has any know	ements, and to	the best of m	iy knowledg	e and bel	ief, it is true, c	orrect, and
com	plete. Decl	aration of prepa	arer (other th	an officer;) is based	on all information	n of which prepa	irer has any know	ledge.					
Sig	gn		are of officer							Da				
He	ere		KARP							EXECU	JTIVE	DIRE	С	
			r print name			Due	i nu a to co		Det				DTIN	
			preparer's na			Preparer's s	agnature		Date		Check	if	PTIN	
Pa			E GOR								self-emplo	yed	P000494	164
Pr	eparer	Firm's nam				D ASSOCI		NC.						
US	e Only	Firm's addr				AVENUE,		FLOOR					5565460	
					ROSA,						Phone no.	707	5421256	
_					· ·		-	nstructions)					X Yes	No
BA	A For P	aperwork F	Reduction	Act No	otice, se	e the separa	te instructio	ons.	TE	EA0101L 08/2	20/18		Forn	n 990 (2018)

Forn	n 990 (20)18)	FOOD FOR	THOUGHT	1				68-018	1095	P	age 2
Pai	tIII 🛛	State	ment of Pr	ogram Sei	vice Accom	olishments						
	(Check	if Schedule C) contains a	response or note	e to any line in th	s Part III					Х
1	Briefly	descrit	be the organiz	zation's miss	ion:							
	<u>F00D</u>	FOR	THOUGHT	<u>'S MISSI</u>	<u>ON IS TO F</u>	<u> DSTER HEALT</u>	H AND HEAT	LING WITH	FOOD AND	COMPAS	<u>SSIO</u>	N
	<u>OVER</u>	850	PEOPLE	IN SONOM	A COUNTY A	FFECTED_BY_	SERIOUS I	LLNESSES F	RECEIVE H	EALING	FOO	D
	AND I	NUTR	ITION EAG	CH YEAR.								
2		•		, ,	1 0	ices during the yea		ot listed on the p	rior	—		
										Yes	Х	No
-			ibe these new							—		
3		0	ization cease	0	0	ant changes in h	ow it conducts,	any program s	ervices?	Yes	Х	No
4	Describ	e the	organization's	s program se	rvice accomplish	ments for each c	f its three large	est program ser	vices, as mea	asured by e	expens	ses.
	Section and rev	501(c	c)(3) and 501(if any, for ea	(c)(4) organiz ch program s	ations are requiservice reported.	red to report the	amount of gran	its and allocation	ons to others,	the total e	xpens	es,
		ondo,	in any, for ou	on program c								
4 :	a (Code:) (Expe	nses \$	1 800 516	including grants	of \$) (Revenue \$			<u> </u>
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40	c (Code:) (Expe	nses \$		including grants	of \$) ((Revenue \$)
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40	d Other p	rograr	n services (D	escribe in Sc	hedule O.)							
	(Expens		\$		including gran	ts of \$) (Revenue \$)	
4 e			n service expe	enses 🕨	1,809							
RAA		5			-,005	TEEA01021 08/03	18			Form	1 990 ((2018)

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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? <i>If 'Yes,' complete Schedule C, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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.	11 b		Х
	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	11 c		Х
C	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	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	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
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	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
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		Х
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68-0181095

Checklist of Required Schedules (continued) Part IV Yes No 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 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a 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..... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c 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 25 a 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25b Х Schedule L. Part L.... Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes,' complete Schedule L, Part II.* 26 Х 26 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 of any of these persons? If 'Yes,' complete Schedule L, Part III. Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28h Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*..... Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.... 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M..... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Х 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 and Part V, line 1. Х 34 Х **35 a** 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 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 related organization? If 'Yes,' complete Schedule R, Part V, line 2.... 36 Х 36 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note. All Form 990 filers are required to complete Schedule O.... 38 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 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 30

	-
(gambling) winnings to prize winners?	1 c
\mathbf{c} Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	

Form 990 (2018) FOOD FOR THOUGHT

68-0181095

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Eriter the number of employees reported on Form W.3, Transmittal of Wage and Tax State b 'f at last one is reported on line 2a, did the organization file at lequide frazel maybornet tax returns? 2b X b 'f at least one is reported on line 2a, did the organization file at lequide frazel maybornet tax returns? 2b X a Did the organization have unreteded business gross incene of 31.000 more during the year? 3a X b 'f sel iset one is reported on line 2a, did the organization file at required to area drop the year? 3a X b 'f sel, enting the celendary seque did to grass incene of 31.000 more during the year? 3a X b 'f sel, enting the celendary seque did to grass incene of 31.000 more during the year? 5a X b of any taxable party notify the organization file of the organization file file may line during the tax year? 5a X b Od any taxable party notify the organization file of moreal adapt that a representation and party for organization and party for groots and services provided 1 7a X c 'f 'rest, in this at any setter than second of 75 more parts that at a contribution and party for groots and services provided 1 7a X		m 990 (2018) FOOD FOR THOUGHT 68-018	31095	F	Page 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State. 2	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
ments, field for the calendar year ending with or within the year covered by this return. [2a] 23 bit at least one is reported on line 25, oit the organization fiel all required fedral ending the year? 36 bit diversity of the set of the organization has en interest in or a signature or the radiative set of the set of				Yes	No
ments, field for the calendar year ending with or within the year covered by this return. [2a] 23 bit at least one is reported on line 25, oit the organization fiel all required fedral ending the year? 36 bit diversity of the set of the organization has en interest in or a signature or the radiative set of the set of	2	a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tay State.			
b H a least one is reported on line 2a, diff the organization file all required fideral employment tax returns? 2b X Note: If the sum of lines 1 and 2 is greater than 520, your may be required to 4 ⁻ / ⁻ / ⁻ (see instructions) 3a D diff the organization have unrelated business gross income of \$1.000 or more during the year? 3a D diff the organization have unrelated business gross income of \$1.000 or more during the year? 3a D X b H ''ss, bet If the have unrelated business gross income of \$1.000 or more during the year? 3a D X b H ''ss, bet If the name of the fiber year ization have an inherest in or a signature or other fiberical accounts? 4a See instructions for fiber genuments for FICON Form 114. Report of Foreign Sark and Financial Accounts (FBAP). 5a W State organization in a party to a prohibited tax sheller transaction at any time during the tax year? 5a X b D di any toxable party rontly, the organization have arounal geness receipts that are normally greater than \$100,000, and did the organization accounts or the fiber organization account of the fiber organization account on the set of the organization need not tax deductible as christial accountbulons or gifts were not tax deductible as christial contributions or gifts were not tax deductible account account or the organization need account of the value of the goods or services provided? 7a c D did the organization need were account of the value of the goods or services provided? 7a X c D did the organization need active the value of the goods or services provided? 7a X </td <td>2</td> <td>ments, filed for the calendar year ending with or within the year covered by this return 2a</td> <td>23</td> <td></td> <td></td>	2	ments, filed for the calendar year ending with or within the year covered by this return 2a	23		
3 Did the organization have unrelated business gross income of \$1.000 or more during the year? 3 a X biff "iss' bus it find a form 90-1 for the year? // We' bite 80, provide an exploated in 3 double 0. 3 b X biff "iss' bus it find a form 90-1 for the year? // We' bite 80, provide an exploated in 3 double 0. 3 b X biff "iss' bus it find a form 90-1 for the year? // We' bite 80, provide an explorated in a signature or other authority over, a maintain of the foreign country: * 4 a X biff "iss' bus it find a form 90-1 for the programization have an interest in or a signature or other authority over, a maintain of the organization in that it was or is a party to a prohibited tas shelter transaction? 5 a X biff wes: it of the organization in that it was or is a party to a prohibited tas shelter transaction? 5 a X biff wes: id the organization include with every solicitation an express statement that such contributions and errors provide? 5 a X biff "ves: id the organization include with every solicitation an express statement that such contributions and partity for goods and services provide? 7 a X biff "ves: id the organization include with every solicitation and express provide? 7 b X biff "ves: id the organization include with every solicitation and express provide? 7 c X c) bift the organization include	I	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
bill Yes, 'test filled a fem 99-T for this yea? if 'No' to be 2b, provide an exploration is Schedule 0. 3b 4a Al any time during the calendar year, dif the organization have an interest in, or a signature or other adhority over, a timenoid accountly of the calendar year, dif the organization have an interest in, or a signature or other adhority over, a timenoid accountly of the organization a party to a prohibited tax shelter transaction at any time during the cary year? 4a X bill Yes, 'inter the name of the foreign country : * 5a X bill aves, instable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X bill aves, 'instable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X c) all able organization include with every solicitation an express statement that such contributions or gifts were not to advectible as chartable contributions and party is a prohibitor and party is prohibitors that may receive deductible ac chartable contribution and party for goods and services provided? 7a X bill Yes, 'idit the organization notify the donor of the value of the goods or services provided? 7a X bill Yes, 'idit the organization party or a prohibitity to pay or indirectly, on algority, to pay prefinance on a peacong behalt contract? 7b X c) Did the organization notify the donor of the value of the goods or services provided? 7b Zc X		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 A any time during the calendary year, diff the organization have an interest in, or a signature or other authority over, a financial account). 4 a X bit "rest," enter the name of the foreign country. Sae instructions for filing requirements for FinCEN Ferm 114, Report of Foreign Baak and Financial Accounts (FBAR). 5 a X 5 a Was the organization apprty to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 b Ut any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and idd the organization for the organization include with every solicitation and exceed to the organization include with every solicitation and exceed to the organization include with every solicitation and exceed to the organization for the gray of? 5 b 7 organization receive any order of the value of the goods or services provided? 7 c X b If "Yes," idd the organization metals exceed on inductive the value of the goods or services provided? 7 c X b If "Yes," idd the organization neaves B328 filed during the year. 7 d 7 c X d If "Yes," iddicate the number of Forms B328 filed during the year? 7 d 7 c X g If the organization neaves and other withing the organization the quality of property for which it was required to file 7 n	3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Intervel a foreign country (such as a bank account, securities account, or other financial account)? 4 a X bit "vs:, return the name of the foreign country." See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAN). 5 a X See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAN). 5 a X See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAN). 5 a X See instructions for financial with every antication that it was or is a party to a prohibited tax shelf transaction? 5 a X Sec	I	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		
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b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If Yes, 'to line 5a or 5b, did the organization file Form 886-71. 5 c S 6 Does the organization have annual gross receips that are normally greater than \$100,000, and did the organization file Form 886-71. 6 a X b If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6 a X a Did the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? 7 b C b If Yes, 'indicate the number of Forms 8282 filed during the year. 7 d 7 c X f Uf Yes, 'indicate the number of Forms 8282 filed during the year. 7 d 7 c X f Uf the organization receive a portions. Gal etcly or indirectly or indirectly or indirectly, or a personal benefit controt? 7 c X f Uf the organization received a contribution of cars boats, airplanes, or other vehicles, did the organization file a Form 8396 7 g 1 a frequicitation nave excess to make a distribution so a door advised funds. 10 the ponsoring organization received a contribution of cars boats, airplanes, or other vehicles, did the organization file a Form 8396 7 g 1		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	16		16		X

a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI. Image: Check if Schedule 0 contains a response or note to any line in this Part VI. Image: Check if Schedule 0 contains a response or note to any line in this Part VI. Image: Check if Schedule 0 contains a response or note to any line in this Part VI. Image: Check if Schedule 0 contains a response or note to any line in this Part VI. Image: Check if Schedule 0 contains a response or note to any line in this Part VI. Image: Check if Schedule 0 contains a response or note to any line in Schedule 0. b Enter the number of volume members included in line 1a, above, who are independent. Image: Check if Schedule 0 containse or show, who are independent. Image: Check if Schedule 0 containse in Schedule 0. 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, director, trustees, or key employees to a management company or other person? Image: Check if Schedule 2 containse is specificant diversion of the organization are any significant changes to its governing body? Image: Check if Schedule 2 containse is specificant diversion of the organization are members, stockholders? Image: Check if Schedule 2 containse is an adjust if the check is approval by imembers, stockholders, or persons who had the power to elect an appoint one or more members of the governing body? Image: Check if Schedule 2 containse is adjust if the check is approval by imembers, stockholders, or persons other than the governing body? Image: Check is approval by imembers, stockholders,
Section A. Governing Body and Management Image: Constraint of the governing body at the end of the tax year
1a Enter the number of volting members of the governing body at the end of the tax year
1 a Enter the number of voting members of the governing body at the end of the tax year
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 employees to a management company or other person? 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 bake any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization have members or stockholders? 5 X 6 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? 7 X 8 Did the organization new embers, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have than uthority to act on behalf of the governing body? 8 8 X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac
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b Other officers or key employees of the organization.
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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?
Section C. Disclosure
17 List the states with which a copy of this Form 990 is required to be filed ► NONE
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 Another's website Image: Check all that apply. Own website Image: Check all that apply. 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 financial statements available to the public during the tax year. SEE SCHEDULE O
19 Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

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Form 990 (2018) FOOD FOR THOUGHT Part VII Compensation of Officers, Directed	ors, Tru	stee	es, l	Key	/ Er	nplo	bye	es, Highest C	68-01810 ompensated En	
Independent Contractors	or poto to	0.014	line	in t	hic	Dort	\ /II			
Check if Schedule O contains a response Section A. Officers, Directors, Trustees, Ko										·····
1a Complete this table for all persons required to be listed	/	-	,							<u> </u>
organization's tax year.	·									
 List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) i 							dua	Is or organization	s), regardless of an	nount of
 List all of the organization's current key employed 					•		r de	finition of 'kev en	nplovee.'	
• List the organization's five current highest comp	ensated e	mple	byee	es (c	other	r thar	n ar	n officer, director,	trustee, or key emp	
who received reportable compensation (Box 5 of Form organization and any related organizations.										
• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.										
• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.										
List persons in the following order: individual trustees employees; and former such persons.	or directo	rs; ir	nstitu	utior	nal t	ruste	es;	officers; key emp	oloyees; highest con	npensated
Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	isate	d ang	y cu	irrent officer, direct	or, or trustee.	
				(C))					
(A)	(B)	Pos tha	sition 1 one	(do n box.	ot che	eck mo ss pers	ore	(D)	(E)	(F)
Name and Title	Average hours	i	s both	an c	officer	and a		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week		Ъ	ð	Кe	en Hig	고	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	dire	titut	Officer	y en	ghes	Former			organization and related
	(list any hours for related organiza-	ctor	iona	~	Key employee	t cor	Ϋ́			organizations
	tions below	individual trustee or director	Institutional trustee		vee	nper				
	dotted line)	e	stee			Highest compensated employee				
(1) RODNEY DEMARTINI	2					_ d				
SECRETARY	0	Х						0.	0.	0.
(2) NANCY BOUFFARD	2									
DIRECTOR	0	Х						0.	0.	0.
(3) ELISA BAKER	2									-
DIRECTOR	0	Х						0.	0.	0.
MISTI_WOOD	$-\frac{2}{0}$	Х						0.	0.	0
(5) DIANA LACZKOWSKI	2	Λ						0.	0.	0.
PRESIDENT	0	x						0.	0.	0.
(6) SHAN MAGNUSON	2									
DIRECTOR	0	Х						0.	0.	0.
(7) MARK_SHORT	2									
TREASURER	0	Х						0.	0.	0.
(8) RIC GIARDINA	2									_
DIRECTOR	0	Х						0.	0.	0.
(9) MITCHELL SAVITSKY	2	v						_		0
DIRECTOR	0	Х						0.	0.	0.

2

40 0

Х

Х

0.

112,159.

0.

0.

0.

0.

BAA

(14)

(12)

(13)

(10) LARRY NEEDLEMAN VICE PRESIDENT

(11) RON KARP EXECUTIVE DIREC

Form 990 (2018) FOOD FOR THOUGHT

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Par	t VII Section A. Officers, Directors, Tru	istees,	Key	Em	nplo	bye	es,	and	d Highest Con	pensated Emp	ployee	S (contin	nued)
		(B)			(0								
	(A) Name and title	Average hours per week	box.	, unle	heck ss pe	erson	e than is botl or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of oth	
		(list any hours	Indiv or dii	Institu	Officer	Key e	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	npensation from the ganization	ı
		for related organiza	Individual trustee or director	nstitutional trustee	ğ	Key employee	oyee	ler				id related anizations	
		- tions below dotted	trust	al tru:		yee	mper						
		line)	ee	stee			Isated						
(15)													
<u>(13)</u>													
(16)													
(17)													
(18)													
(19)			-										
(20)													
(21)													
			•										
(22)													
(23)										7			
											<u> </u>		
(24)							-			r			
(25)					_						-		
										-			
	Sub-total Total from continuation sheets to Part VII, Secti	• • • • • • • • • • • • • • • • • • •							112,159.	0			0.
	Total (add lines 1b and 1c)							•	<u> </u>	0			0.
	Total number of individuals (including but not limited							ved				n	••
	from the organization 1												
2	Did the experimetion list and former officer, dive	1		kau					ishest sources			Yes	No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	h individu	istee, ial	кеу	, en		yee, 	or r 			3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated	f reportab	le co	mpe	ensa	tion	and	oţh	er compensation	from			
	such individual	er than \$1	50,00)0? 	<i>lt</i> 'Υ	′ <i>es,</i> 		iple 	te Schedule J for		4		Х
5	Did any person listed on line 1a receive or accru	e comper	isatio	n fro	om	any	unre	late	ed organization or	individual	-		v
Sec	for services rendered to the organization? If Yes tion B. Independent Contractors	s, comple	ete St	пеа	uie	J 10	r suc	:n p	erson		5		Х
	Complete this table for your five highest compen compensation from the organization. Report compen	sated ind	epen	dent		ntra	ctors	tha	It received more t	han \$100,000 of	ar		
				aleri	ual	year	enui	ng v	1			C)	
	(A) Name and business add	ress							(B) Description	of services	Compe	C) ensatior	n
			ike d d	- 44 -		int-	ا ما-			then	_		
Z	Total number of independent contractors (including t \$100,000 of compensation from the organization			ว เทิด	ise I	IS(e(a ado	ve)	who received more	uidfi			

			(4)	(P)	(C)	(D)
			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from under section 512-514
-	a Federated campaigns 1a					
k	b Membership dues 1 b					
	Fundraising events					
C	d Related organizations 1d					
	e Government grants (contributions) 1 e					
f	All other contributions, gifts, grants, and similar amounts not included above 1 f					
5	g Noncash contributions included in lines 1a-1f: \$	1,694,466. 545,181.				
	n Total. Add lines 1a-1f		1,694,466.			
		Business Code	1,051,100.			
2 a t c c f	• <u>OTHER_REVENUE</u>		14,668.	14,668.		
k	• <u>FUNDRAISING</u>					
C	°					
0	⁴					
e						
	All other program service revenue	►	14.000			
-	Investment income (including dividends, i		14,668.			
3	other similar amounts)		88,308.			88,30
4	Income from investment of tax-exempt bo	ond proceeds >				
5	Royalties					
	(i) Real	(ii) Personal				
	a Gross rents					
	b Less: rental expenses					
	Rental income or (loss)					
	d Net rental income or (loss)	(ii) Other			-	
7 a	a Gross amount from sales of assets other than inventory				_	
ľ	b Less: cost or other basis and sales expenses					
0	Gain or (loss)					
	d Net gain or (loss)					
8 a	a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18 a	223,330.				
	b Less: direct expenses b	23,836.				
	c Net income or (loss) from fundraising eve	nts ►	199,494.			
9 a	a Gross income from gaming activities. See Part IV, line 19a					
t	b Less: direct expenses b					
	c Net income or (loss) from gaming activitie	es►				
	a Gross sales of inventory, less returns and allowancesa	478,422.				
ł	b Less: cost of goods sold b	492,723.				
(c Net income or (loss) from sales of invento	5	-14,301.	-14,301.		
	Miscellaneous Revenue	Business Code				
11 a						
ł	°					
0						+
	All other revenue					
	Total. Add lines 11a-11d	►				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
		(A)	(B)	(C)	(D)						
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	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	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	45,023.	45,023.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	112,159.	67,295.	22,432.	22,432.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	654,243.	438,805.	16,369.	199,069.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	001/210.	1007000.	10/0000.	1997009.						
9	Other employee benefits	128,709.	76,922.	4,602.	47,185.						
10	Payroll taxes	66,215.	43,726.	3,352.	19,137.						
11	Fees for services (non-employees):		107/201	0,0021	20/20/1						
i	a Management										
	b Legal										
	c Accounting										
	d Lobbying.										
	e Professional fundraising services. See Part IV, line 17.										
	Investment management fees										
	Other. (If line 11g amount exceeds 10% of line 25, column	100 470	20.004	57 507	4 600						
10	(A) amount, list line 11g expenses on Schedule O.)	100,479.	38,204.	57,587.	4,688.						
	Advertising and promotion.	3,983.	2,423.	87.	1,473.						
13	Office expenses										
14	Information technology										
15	Royalties		50.005								
16		58,439.	50,635.	2,766.	5,038.						
17	Travel	9,806.	5,117.	3,588.	1,101.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20											
21	Payments to affiliates.										
22	Depreciation, depletion, and amortization	43,214.	34,571.	2,161.	6,482.						
23		11,226.	7,352.	3,728.	146.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
i	DONATED FOOD	513,181.	513,181.								
	PURCHASED_FOOD	356,209.	356,209.								
	NUTRITIONAL SUPPORT	62,659.	62,659.								
	PRINTING AND PUBLICATIONS	30,232.	6,110.	594.	23,528.						
	e All other expenses	81,495.	61,314.	2,776.	17,405.						
	Total functional expenses. Add lines 1 through 24e	2,277,272.	1,809,546.	120,042.	347,684.						
	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 ► X if following	2,2,7,2,2,2,	1,000,0101		<u> </u>						
_	SOP 98-2 (ASC 958-720)										

Part IX Statement of Functional Expenses

Form 990 (2018) FOOD FOR THOUGHT

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

Form 990 (2018)

Form 990 (2018) FOOD FOR THOUGHT Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any line in this Part X I		· · · · · · · ·				
				(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing		445,188.	1	381,726.			
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		144,386.	4	175,635.			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	mployees. Complete		5				
	6	Loans and other receivables from other disqualified p			5				
	0	section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	(3)(B), and contributing		6				
ŝ	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use		117,241.	8	100,870.			
As	9	Prepaid expenses and deferred charges		24,762.	9	22,192.			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	k						
	h	Less: accumulated depreciation.	10b 630 903	647,001.	10 c	607,858.			
	11	Investments – publicly traded securities		3,751,526.	11	3,297,465.			
	12	Investments – other securities. See Part IV, line 11.		5,751,520.	12	5,297,405.			
	13	Investments – program-related. See Part IV, line 11.			13				
	14	Intangible assets.			14				
	15	Other assets. See Part IV, line 11		37,403.	15	34,400.			
	16	Total assets. Add lines 1 through 15 (must equal line		5,167,507.	16	4,620,146.			
	17	Accounts payable and accrued expenses	5-1)	159,011.	17	190,261.			
	18	Grants payable		135,011.	18	190,201.			
	19	Deferred revenue		2,000.	19	410.			
	20	Tax-exempt bond liabilities	empt bond liabilities						
0	21	Escrow or custodial account liability. Complete Part		21					
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	d disgualified persons.		22				
	23	Secured mortgages and notes payable to unrelated th			23				
	24	Unsecured notes and loans payable to unrelated third	-		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	-		25				
	26	Total liabilities. Add lines 17 through 25		161,011.	26	190,671.			
es		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► X and complete						
ů	27	Unrestricted net assets		2,826,299.	27	2,689,199.			
ala	28	Temporarily restricted net assets		575,175.	28	72,146.			
	29	Permanently restricted net assets		1,605,022.	29	1,668,130.			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.		1,000,011	-	1,000,1001			
0	30	Capital stock or trust principal, or current funds			30				
ž.	31	Paid-in or capital surplus, or land, building, or equipn			31				
4se	32	Retained earnings, endowment, accumulated income			32				
et	33	Total net assets or fund balances		5,006,496.	33	4,429,475.			
Ž	34	Total liabilities and net assets/fund balances		5,167,507.	34	4,620,146.			
BAA	-		TEEA0111L 08/03/18	5,107,507.		Form 990 (2018)			

Forn	n 990 ((2018)	FOOD	FOR	THOUGHT 68-0	181095		Pa	age 12
Par	t XI	Reco	nciliatio	on o	Net Assets				
					contains a response or note to any line in this Part XI				. Х
1			•	•	Part VIII, column (A), line 12)	1	1,9	82,6	535.
2	Total	expens	es (must	equa	Part IX, column (A), line 25)	2	2,2	77,2	272.
3			•		btract line 2 from line 1	3	-2	94,6	537.
4	Net a	assets or	fund bal	ances	at beginning of year (must equal Part X, line 33, column (A))	4	5,0	06,4	196.
5	Net ι	Inrealize	d gains (losse	s) on investments	5	-2	61,5	597.
6	Dona	ited serv	vices and	use c	f facilities	6			
7			•			7	-	14,8	310.
8	Prior	period a	adjustmer	nts		8			
9	Othe	r change	es in net a	assets	s or fund balances (explain in Schedule O) SEE SCHEDULE O	9		-5,9	977.
10	Net a	ssets or	fund balaı	nces a	t end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10			
Dee						10	4,4	29,4	175.
Par	τλιι	Finar	icial Sta	atem	ents and Reporting				_
		Check	if Schedu	ule O	contains a response or note to any line in this Part XII				
								Yes	No
1	Acco	unting n	nethod us	sed to	prepare the Form 990: Cash X Accrual Other				
		organiz		anged	its method of accounting from a prior year or checked 'Other,' explain				
2 a	Were	the org	anization	's fina	ancial statements compiled or reviewed by an independent accountant?		2 a		Х
	lf 'Ye sepa	rate bas	k a box b is, conso te basis	lidat <u>e</u>	to indicate whether the financial statements for the year were compiled or reviewed basis, or both: Consolidated basis Both consolidated and separate basis	d on a			
t	Were	the org	anization	's fina	ncial statements audited by an independent accountant?		2b	Х	
	lf 'Ye basis X	, consol	k a box b idated ba te basis	asis, c	to indicate whether the financial statements for the year were audited on a separate r both: Consolidated basis Both consolidated and separate basis	e			
C	: If 'Ye revie	s' to line w, or co	2a or 2b, mpilation	does of its	the organization have a committee that assumes responsibility for oversight of the audit, financial statements and selection of an independent accountant?		2 c	Х	
2	in Sc	hedule (Э.	-	either its oversight process or selection process during the tax year, explain				
	Audit	Act and	d OMB Ci	rcular	, was the organization required to undergo an audit or audits as set forth in the Single A-133?		3a		Х
ł					ndergo the required audit or audits? If the organization did not undergo the required audit				
		idits, exp	olain why	in So	hedule O and describe any steps taken to undergo such audits		3 b		
BAA					1EEA0112L 08/03/18		Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

2018

OMB No. 1545-0047

Departmen Internal Re	nt of the Treasury evenue Service	► (Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
Name of the	ne organization						Employer identific	ation number	
FOOD	FOR THOUGH						68-018109		
Part I				rganizations must o			1 1	tions.	
The orga	-	•	•	For lines 1 through 12,		2	,		
1									
2				Schedule E (Form 990 or					
3				ization described in sec					
4									
5	name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6				ntal unit described in s	ection 1	70(h)(1)			
7 X	An organization	that normally r	-	art of its support from a				blic described	
8				A)(vi). (Complete Part I	II.)				
9				tion 170(b)(1)(A)(ix) oper		onjunctio	on with a land-grant colle	eqe	
				e (see instructions). Enter					
_	university:								
10	from activities investment inc	related to its e ome and unre	exempt functions-sub	33-1/3% of its support fr oject to certain exception e income (less section Part III.)	ons, and	(2) no I	more than 33-1/3% of	its support from gross	
11	An organizatio	n organized a	nd operated exclusive	ly to test for public saf	ety. See	section	n 509(a)(4).		
12	or more public	ly supported o	rganizations describe	ely for the benefit of, to d in section 509(a)(1) of upporting organization	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one a)(3). Check the box in	
а		rting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the directo				g the supported ion. You must	
b	Type II. A support of management of must complete	the supporting	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You	
с	Type III function	nally integrated	A supporting organizat	ion operated in connectio	n with, ai	nd functio	onally integrated with, its	supported	
d	Type III non-fur	nctionally integ	rated. A supporting org	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection	with its s	supported organization(s) that is not	
e	Check this box	if the organiz	ation received a writte	en determination from supporting organization	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally	
fΕ									
gΡ	rovide the follow	ving informatio	n about the supported	d organization(s).					
(i) N	lame of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Total

Part II 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.)										
Section A. Public Support										
Cale	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,155,173.	1,851,911.	2,046,296.	1,771,884.	1,694,466.	9,519,730.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	2,155,173.	1,851,911.	2,046,296.	1,771,884.	1,694,466.	9,519,730.			
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)						0.			
6	Public support.Subtract line 5from line 4						9,519,730.			
Sec	tion B. Total Support				Γ	1				
begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	2,155,173.	1,851,911.	2,046,296.	1,771,884.	1,694,466.	9,519,730.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	99,229.	()	74,365.	94,791.	88,308.	356,693.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI				7,896.	14,668.	22,564.			
	Total support. Add lines 7 through 10						9,898,987.			
	Gross receipts from related activ					LI	0.			
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	····· •			
	tion C. Computation of Pu									
14 15	Public support percentage for 20 Public support percentage from						96.17 % 93.00 %			
16a	33-1/3% support test-2018. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box ······► X			
b	33-1/3% support test-2017. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how			
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization	VI how the ►			
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a						

Schedule A (Form 990 or 990-EZ) 2018 FOOD FOR THOUGHT

Schedule A (Form 990 or 990-EZ) 2018

68-0181095

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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
Ū	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						
	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.)	_					
Sec	tion B. Total Support						
		(-) 2014	(1) 2015	(1) 2016	(4) 2017	(-) 2010	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiz	ation's first_secon	d. third. fourth	L or fifth tax vear as	a section 501(c)(3)
	organization, check this box and						
Sec	tion C. Computation of Pul	blic Support F	Percentage				
15	Public support percentage for 20	18 (line 8, colum	n (f), divided by li	ne 13, column (f)))	15	00
16	Public support percentage from 2				<u></u>	16	010
Sec	tion D. Computation of Inv	estment Inco	me Percentage)			
17	Investment income percentage for	or 2018 (line 10c	, column (f), divide	ed by line 13, col	umn (f))	17	010
18	Investment income percentage fi	rom 2017 Schedı	ile A, Part III, line	17		18	0\0
19a	33-1/3% support tests-2018. If t	the organization (did not check the b	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	l line 17 🛛 🗖
-	is not more than 33-1/3%, check						
b	33-1/3% support tests -2017. If t	he organization of	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organized		-				
	rivate iounuation. It the organize	∠auon uiu not Ch€	sun a bux un nne i	14, 19a, 01 19D, (THECK THIS DOX SUC	i see instructions.	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.)

Yes

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c 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		

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

		res	NO
/ere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees f each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
upporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at	_		
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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.

Yes

Yes

2a

2b

3a

3h

No

1

2

No

Page 6

ec	tion 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		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2018

ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	ooses		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	IS,	
3 Administrative expenses paid to accomplish exempt purposes of sup	oported organizations		
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 the organizatio in Part VI). See instructions.	n is responsive (provide	e details	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2018	2017	2016	2015	2014
OTHER)TAL <u>\$</u>	14,668. 14,668.	\$7,896. \$7,896.	\$0.	\$0.	\$0.

COPY

Department of the Treasury Internal Revenue Service

2018

Employer identification number

Schedule of Contributors

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

- GO 10	www.iis.gov/Formago	or the latest morma

Name	2 01 1	ne or	gan	izatio	n		
			_				

Name of the organization		Linpioyer identification number
FOOD FOR THOUGHT		68-0181095
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	n
	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 trea	ted as a private foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1	1	Page 2
Name of organization	Employer identification number	r	
FOOD FOR THOUGHT	68-0181095		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	GILEAD SCIENCES		Person X Payroll
	333 LAKESIDE DRIVE FOSTER_CITY, CA 94404	\$75,000.	Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLES A FRUEAUFF FOUNDATION		Person X Payroll
	200 RIVER MARKET AVE, STE 100 LITTLE ROCK, AR 72201	\$40,000.	Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MAY AND STANLEY SMITH CHARITABLE TR 770 TAMALPAIS DR, STE 309 CORTE MADERA, CA 94925	\$35,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WILLIAM ROBERTELLO LIVING TRUST	\$62,959.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1	1	Page 3
Name of organization	Employer identi	fication nu	mber
FOOD FOR THOUGHT	68-01810)95	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	3 (Form 990, 990-EZ, or 990-PF) (2018)			1 1 Page 4
Name of organ FOOD FO	nization OR THOUGHT			Employer identification number 68-0181095
	<i>Exclusively</i> religious, charitable, et or (10) that total more than \$1,000 for t the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	utor. Complet	lescribed in section 501(c)(7), (8), te columns (a) through (e) and e/y religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held		
	N/A			
			·	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	·	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
BAA			 Sche	dule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D Supplemental Financial Statements					OMB No. 1545-0047		
(Form 990)	► Comple	te if the organization answered ' 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1	Yes' on Form 9	90, [.] 12b.		2018	
Department of the Treasury Internal Revenue Service		► Attach to Form 990. .gov/Form990 for instructions a				Open to Public Inspection	
Name of the organization					Employer ic	lentification number	
FOOD FOR	ТНОПСИТ				CO 010	1005	
		or Advised Funds or Other	Similar Fun	ds or Acc	68-018	1095	
Complete	if the organization ans	wered 'Yes' on Form 990,	Part IV, line	6.	ountsi		
		(a) Donor advised fur	nds	(b) F	unds and o	other accounts	
	end of year						
	ntributions to (during year)						
	ants from (during year)						
00 0	at end of year						
5 Did the organizat are the organizat	ion inform all donors and do ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	ssets held in do ontrol?	nor advised	funds	Yes No	
for charitable pur	poses and not for the benefi	ors, and donor advisors in writing t of the donor or donor advisor, c	or for any other	purpose con	iferring]Yes 🗌 No	
	ition Easements.	wered 'Yes' on Form 990,	Part IV/ line	7			
		y the organization (check all that		/.			
	of land for public use (e.g.,		Preservation o	f a historical	ly importa	nt land area	
	natural habitat		Preservation o		5 1		
Preservation	of open space		1				
2 Complete lines 2a last day of the ta		held a qualified conservation contril	bution in the form	n of a conserv	vation ease	ment on the	
last day of the ta	x year.				leld at the	End of the Tax Yea	r
a Total number of o	conservation easements			. 2a			
		ments					
c Number of conse	rvation easements on a cert	fied historic structure included in	(a)	2c			
d Number of conse structure listed in	rvation easements included	n (c) acquired after 7/25/06, and	not on a histor	ic 2 d			
3 Number of conserv	vation easements modified, tra	nsferred, released, extinguished, or	terminated by th	e organizatio	n during th	e	
tax year 🕨							
	where property subject to conse			-			
		garding the periodic monitoring, nts it holds?			ations,	Yes No	
		inspecting, handling of violations, a					
7 Amount of expens ►\$	es incurred in monitoring, insp	ecting, handling of violations, and e	nforcing conserv	ation easeme	ents during	the year	
8 Does each conse and section 170(rvation easement reported o	n line 2(d) above satisfy the requ	irements of sec	ction 170(h)(4)(B)(i)]Yes □ No	
9 In Part XIII. descri	be how the organization report able, the text of the footnote	s conservation easements in its rev to the organization's financial sta	enue and expens	se statement.	and balan	ce sheet, and on's accounting for	
Part III Organiza Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Tr wered 'Yes' on Form 990,	r easures, or Part IV, line	Other Sim 8.	nilar Ass	ets.	
art, historical treas	sures, or other similar assets h	r SFAS 116 (ASC 958), not to re eld for public exhibition, education, ncial statements that describes tl	or research in fu	nue statemer rtherance of j	nt and bala public servi	ance sheet works of ce, provide,	
historical treasures following amount	s, or other similar assets held f s relating to these items:	r SFAS 116 (ASC 958), to report or public exhibition, education, or re	esearch in furthe	rance of publ	ic service,	sheet works of art, provide the	
		line 1					
		nistorical treasures, or other similar 116 (ASC 958) relating to these				owing	
	d on Form 990, Part VIII, line n Form 990, Part X	. 1			►\$ ►\$		
					· .)		

Schedule D (Form 990) 2018

TEEA3301L 10/10/18

Schedule D (Form 990) 2018 FOOD				68-0181		Page 2
Part III Organizations Mainta	ining Collections	of Art, Histor	ical Treasures, or (Other Similar Asse	ets (continu	ied)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following that are	a significant use of its c	ollection	
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.		,	Ũ			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	donations of art,	historical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia						-
line 9, or reported an	amount on Form	990. Part X. li	ne 21.		in 550, i ai	ιīν,
· · ·		, ,				
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or oth	er intermediary fo	or contributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement						
	·		5	l A	Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1 d		
e Distributions during the year				. 1e		
f Ending balance				. 1f		
2 a Did the organization include an a	mount on Form 990,	Part X, line 21, fo	or escrow or custodial a	ccount liability?	Yes	No
b If 'Yes,' explain the arrangement				-		
					L	
Part V Endowment Funds. C	omplete if the ord	anization ans	wered 'Yes' on For	m 990, Part IV, lin	e 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance	1,873,113.	1,806,71	9. 1,703,315	. 1,791,191.	1,698,	
b Contributions		73,66				.000.
c Net investment earnings, gains,					,	
and losses	-121,177.	274,13	8. 130,249	-9,640.	99,	248.
d Grants or scholarships	-75,646.	-73,63	973,639	71,000.	-50,	.000
e Other expenditures for facilities						
and programs				0.		
f Administrative expenses	-8,162.	-7,77				846.
g End of year balance	1,668,130.	2,073,11		, , ,	1,791,	191.
2 Provide the estimated percentage	-	end balance (line	1g, column (a)) held as	S:		
a Board designated or quasi-endowm		%				
b Permanent endowment	010	0				
c Temporarily restricted endowmer		- * 				
The percentages on lines 2a, 2b, a	nd 2c should equal 100	%.				
3 a Are there endowment funds not in t	he possession of the o	rganization that are	e held and administered f	or the		
organization by:					Yes	No
(i) unrelated organizations					3a(i)	X
(ii) related organizations					3a(ii)	Х
b If 'Yes' on line 3a(ii), are the rela					3b	
4 Describe in Part XIII the intended		ation's endowmen	t funds. SEE PART	XIII		
Part VI Land, Buildings, and						10
Complete if the organi	zation answered	'Yes' on Form	990, Part IV, line	I Ia. See Form 990), Part X, II	ne 10.
Description of property	(a) Cost (in)	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land			312,156.		312	,156.
b Buildings			427,735.	342,216.		,519.
c Leasehold improvements			393,154.	233,190.	159	,964.
d Equipment			91,481.	45,696.		,785.
e Other			14,235.	9,801.	4	,434.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fori	m 990, Part X, co	lumn (B), line 10c.)	· · · · · · · · · · · · · · · · · · ·	607	,858.
BAA				Schedu	le D (Form 99	0) 2018

Part VII		Other Securities.		N/A	
), Part IV, line 11b. See Form 990, Pa	
		gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	ket value
		••••			
(2) Closely (3) Other		ts			
(3) Other (A)					
<u>(R)</u>					
<u>(C)</u>					
<u>(D)</u>					
<u>(E)</u>					
(F)					
(G)					
(H)					
()					
		90, Part X, column (B) line 12.) 🕨			
Part VIII	Investments –	Program Related.	Vac' on Form 000	N/A), Part IV, line 11c. See Form 990, Pa	t V lina 12
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	$1 \land$, III e 13.
(1)		investment		(c) Method of Valdation. Cost of end of year	
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	e organization answered	N/A Ves' on Form 990	, Part IV, line 11d. See Form 990, Pa	rt X. line 15.
			scription	(b) E	Book value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
			B) line 15.)	••••••	
Part X	Other Liabilitie	'S. Janization answered 'Yes' on F	orm 990 Part IV line 11	e or 11f. See Form 990, Part X, line 25.	
		tion of liability	(b) Book value		
(1) Feder	ral income taxes	· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)				_	
(4)					
(5) (6)				_	
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colum	nn (b) must equal Form 99	90, Part X, column (B) line 25.)	. ►		

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

Schedule D (Form 990) 2018 FOOD FOR THOUGHT	68-01810	95 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r 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	1,982,635.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	1,982,635.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,982,635.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,602,870.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.) SEE PART XIII	98.	
e Add lines 2a through 2d.	2e	325,598.
3 Subtract line 2e from line 1	3	2,277,272.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,277,272.
Part XIII Supplemental Information.		

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

LONG-TERM SUSTAINABILITY

PART X - FIN 48 FOOTNOTE

FFT IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE

SECTION 501(C) (3) AND CALIFORNIA FRANCHISE TAX BOARD CODE SECTION 23701D.

THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL

IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED FFT IS NOT A STATEMENTS.

"PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE BAA Schedule D (Form 990) 2018

PART X - FIN 48 FOOTNOTE (CONTINUED)

CODE.

MANAGEMENT OF FFT CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES IF MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT FOR A CHANGE TO OCCUR, INCLUDING CHANGES TO FFT'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES FFT MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NOT INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX; THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. FFT'S TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S



SCHEDULE F			es Outside the Unite		OMB No. 1545-0047	
(Form 990)	 Complete if the or 	 Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. 				
Department of the Treasury Internal Revenue Service	► Go to www.i	rs.gov/Form990	information.	Open to Public Inspection		
FOOD FOR THOUGHT					ntification number	
Part I General Inform	nation on Activiti	es Outside th	e United States. Comple	68-0181 te if the organizati		
	Part IV, line 14b.		-	_		
the grantees' eligibility	for the grants or assi	stance, and the s	substantiate the amount of its selection criteria used to awarc	the grants or assistant	nce? X Yes No	
United States. PAR	TV		s for monitoring the use of its gra		e outside the	
3 Activities per Region. (The following Part I, I		e duplicated if additional space	e is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed i (d) is a program service, describe specific type of service(s) in the region	n (f) Total expenditures for and investments in the region PT V PT V	
				SUPPORT		
(1) KATATURA, NAMIBIA			HIV/AIDS EDUCATION	OPERATIONS	0.	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
<u>(</u> 16)						
(17)						
3a Subtotal						
b Total from continuation sheets to Part I						
c Totals (add lines 3a and 3b)	0	0			0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region PART V	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				HOPES					
				INITIATIVE HOPES		WIRE TRANS			
			NAMIBIA	INITIATIVE	45,023.	WIRE TRANSFE			
	ter total number of recipient organizati e grantee or counsel has provided a								1
3 En BAA	ter total number of other organization	ons or entities							2 (Form 990) 2018

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book FMV, appraisal other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Sche	edule F (Form 990) 2018 FOOD FOR THOUGHT	68-0181095	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To C Foreign Corporations (see Instructions for Form 5471).	Certain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qua electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreig Partnerships (see Instructions for Form 8865).		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	ee <u> </u>	X No

BAA

TEEA3505L 11/02/18

Schedule F (Form 990) 2018

COPY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

THE PROJECT AFRICA COMMITTEE MONITORS THE USE OF ITS GRANTS TO HOPE

INITIATIVES SOUTH AFRICA - NAMIBIA THROUGH REGULAR CONFERENCE CALLS,

QUARTERLY REPORTS, AND STAFF VISITS TO THE SITE OUTSIDE OF WINDHOEK,

NAMIBIA. THE FOOD FOR THOUGHT BOARD OF DIRECTORS RECEIVES QUARTERLY

FINANCIAL REPORTS REGARDING PROJECT AFRICA AND AN ANNUAL PRESENTATION ON

THE PROJECT.

PART I, LINE 3F - METHOD OF ACCOUNTING

ACCRUAL BASED ACCOUNTING

PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION

ALL MONIES ARE GIVEN TO THE HOPE INITIATIVE IN NAMIBIA

PART II, LINE 1 - METHOD OF ACCOUNTING

ACCRUAL BASED ACCOUNTING

	Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Acti	vities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ) 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.						if the	2018	
Department of the Treasury Internal Revenue Service	► G		Open to Public Inspection					
Name of the organization FOOD FOR THOUG	ሀጥ						Employer identification 68-018109	
Eundraising		e if the organiza	ation answ	ered 'Yes' o	on Form 990, Part IV, line		00-010109	5
Form 990-Ez	Z filers are not re	quired to comp	lete this p	oart.	owing activities. Check		apply	
 Indicate whether i a Mail solicitation 	-	aised iunus thi	ougn any	or the foll				
	email solicitations	i		f	Solicitation of gove	•	0	
c Phone solicita	ations			g	Special fundraising	g events	-	
d 🗌 In-person soli	citations				_			
2 a Did the organizatio	n have a written or	oral agreement	with any	individual (i	including officers, directo rofessional fundraising	rs, truste	es, or key	Yes X No
) highest paid ind	ividuals or enti	ties (fund		ursuant to agreements i			
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) iiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3						ζ	7	
4						Y		
5								
6								
7								
8								
9								
10								
	nich the organizatio				ontributions or has been	notified if	t is exempt from	0. registration

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TEEA3701L	07/02/18

Schedule G (Form 990 or 990-EZ) 2018 FOOD FOR THOUGHT

68-0181095 Page **2**

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gloss receipts gre				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R			OUTSIDE EVENTS		NONE	through column (c)
			(event type)	(event type)	(total number)	5 (7
R E V E N U	1	Gross receipts	223,330.			223,330.
Е	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	223,330.			223,330.
	4	Cash prizes				
D	5	Noncash prizes				
1	6	Rent/facility costs				
R E C T	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	23,836.			23,836.
S	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)			23,836.
	11	Net income summary. Subtract line 10 fr	om line 3, column (d)		•	199,494.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Yes	s' on Form 990, Pa	art IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ŭ E	1	Gross revenue				
F	2	Cash prizes				
EXPENSES	3	Noncash prizes				
CS TE S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes [%] No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colum	n (d)		
	i Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:	g activities in each of th	ese states?		
		e any of the organization's gaming license 'es,' explain:				

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 FOOD FOR THOUGHT 68	8-0181095	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Y	es No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	· · · · · · · · · · · · · · · · · · ·	es No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility.		
b An outside facility.14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	13b	0/0
	•	
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party: 	ne?	Yes No
Name ►		
Address ►		;
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Director/officer		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	umns (iii) a y additional	ind (v);

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

►	Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.	

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number
68-0181095

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash c	(d) d of determir contribution a	ning mounts
1	Art – Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests.						
4	Books and publications.						
5	Clothing and household goods						
6	Cars and other vehicles				-		
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded						
10	Securities – Closely held stock						
11	Securities – Partnership, LLC, or trust interests .						
12	Securities – Miscellaneous				-		
13	Qualified conservation contribution – Historic structures						
14	Qualified conservation contribution – Other						
15	Real estate – Residential						
16	Real estate – Commercial						
17	Real estate – Other						
18	Collectibles.						
19	Food inventory.	Х	32,000	<u>513</u> ,181.			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts.						
25	Other► (<u>SUPPLEMENTS</u>)		13	32,000.	FAIR M	ARKET VA	
26	Other► ()						
27	Other► ()						
28	Other ► ()						
29	Number of Forms 8283 received by the organization of	luring the tax	year for contributions fo	r which the			
	organization completed Form 8283, Part IV, Done	e Acknowle	dgement		29		
						Yes	No
30 <i>a</i>	During the year, did the organization receive by contr it must hold for at least three years from the date						
	for exempt purposes for the entire holding period	?				30 a	Х
Ł	If 'Yes,' describe the arrangement in Part II.						
31	Does the organization have a gift acceptance poli	cy that requ	ires the review of any r	nonstandard contributio	ns?	31	Х
32a	Does the organization hire or use third parties or noncash contributions?	0				32 a	Х
Ł	If 'Yes,' describe in Part II.						
	If the organization didn't report an amount in colu describe in Part II.	ımn (c) for a	a type of property for wl	nich column (a) is chec	ked,		
BAA	For Paperwork Reduction Act Notice, see the Ins	structions fo	or Form 990.		Schedul	e M (Form 99	0) 2018

68-0181095 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

() PY

Page 2

SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOOD FOR THOUGHT

68-0181095

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

OUR PROGRAMS INCLUDE THE FOLLOWING:

FOOD FOR THOUGHT: HEALING WITH FOOD + LOVE

FOOD FOR THOUGHT PROVIDES HEALING FOOD AND NUTRITION TO OVER 850 PEOPLE AFFECTED BY SERIOUS ILLNESSES IN SONOMA COUNTY. WE OFFER LIFE-SUSTAINING SERVICES AT NO CHARGE TO QUALIFIED CLIENTS WHO ARE AT RISK OF MALNUTRITION.

HIV FOOD PROGRAM

FOOD FOR THOUGHT PROVIDES GROCERIES AND COMPREHENSIVE NUTRITION SERVICES FREE OF CHARGE TO APPROXIMATELY 500 SONOMA COUNTY RESIDENTS LIVING WITH HIV.

CHILDREN'S PANTRY

THROUGH THIS PROGRAM, WE PROVIDE NUTRITIOUS FOOD AND FRESH PRODUCE FREE OF CHARGE TO THE DEPENDENT CHILDREN OF OUR HIV CLIENTS.

WELCOME HOME FOOD PROGRAM

ANY SONOMA COUNTY RESIDENT WHO IS RELEASED FROM A HOSPITAL OR CARE FACILITY AND IS AT RISK OF MALNUTRITION IS ELIGIBLE FOR THREE MONTHS OF OUR COMPREHENSIVE NUTRITION SERVICES FREE OF CHARGE.

BAGS OF LOVE

FOOD FOR THOUGHT VOLUNTEERS PREPARE APPROXIMATELY 100 PAPER BAGS PER MONTH WITH READY-TO-EAT FOOD THAT DOESN'T REQUIRE COOKING OR REFRIGERATION. WE PARTNER WITH LOCAL HEALTHCARE AND HIV AGENCIES WHO DISTRIBUTE THE BAGS DIRECTLY TO HOMELESS

INDIVIDUALS FREE OF CHARGE.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

WITH THE DEDICATION AND COMPASSION OF MORE THAN 600 VOLUNTEERS, FOOD FOR THOUGHT IS

PROUD TO BE KNOWN AS THE SONOMA COUNTY AGENCY THAT HEALS WITH FOOD + LOVE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

GIVEN TO BOARD TO REVIEW BEFORE SUBMISSION

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ONGOING CHECK IN AT BOARD MEETINGS

```
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
```

PERSONNEL COMMITTEE USES SALARY SURVEYS ANNUALLY TO SET COMPENSATION

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS AVAILABLE AT OFFICE UPON REQUEST

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ADJUST BOOK TO TAX NET ASSETS

977

TOTAL

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12/31/18 2018 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 1

ΕN	IT 28100		F00	D FOR THC	DUGHT				6	8-01810
7/1	9									09:52
							PRIOR			
	DECODIDEION	DATE	DATE	COST/	BUS.	CUR 179/	179/ SDA/ DEPR.	METHOD		CURRENT
<u>NO.</u>	DESCRIPTION	ACQUIRED	SOLD	BASIS	PCT.	SDA	DEPR.	METHOD		DEPR.
DEPI	R. SCHEDULE ONLY									
BL	JILDINGS AND LAND									
3	BUILDING	2/01/99		427,735			325,107	S/L	25	17,1
21	LAND	2/01/99		312,156					_	
	TOTAL BUILDINGS AND LAND			739,891		0	325,107			17,1
FU	IRNITURE AND FIXTURES									
_										
	FURNITURE AND FIXTURES	2/01/99		4,043			4,043	S/L	10	
25	FURNITURE	7/01/13		7,901			7,110	S/L	5	
	TOTAL FURNITURE AND FIXTURE			11,944		0	11,153			•
IN	IPROVEMENTS									
							7			
6	GUTTERS	2/01/00		1,426			1,426	S/L	10	
7	ARBOR	6/01/00		4,200			4,200	S/L	10	
8	ARBOR	4/01/01		3,700			3,700	S/L	10	
12	ANNEX	5/01/04		1,545			1,527	S/L	10	
13	HTG/AC	6/01/04		1,500		_	1,493	S/L	7	
14	IMPROVEMENT	1/01/05		912			912	S/L	5	
16	SOLAR POWER	10/01/05		228,736			122,692	S/L	25	9,
17	WALK-IN UPGRADES	12/01/05		1,785			1,785	S/L	5	
18	OFFICE REMODEL	4/30/08		2,465			2,465	S/L	5	
19	WALK-IN COMPRESSOR	6/15/08		2,997			2,875	S/L	10	
20	PAINTING	12/09/08		10,000			7,333	S/L	5	
	FLOORING	12/10/10		12,144			12,144	S/L	5	
23	REMODEL (OXFORD CONST)	5/01/11		6,900			4,600	S/L	10	(
26	FENCING	7/01/13		11,866			5,341	S/L	10	1,
	TOTAL IMPROVEMENTS			290,176		0	172,493			11,1
M	ACHINERY AND EQUIPMENT									
1	WALK IN FREEZER	5/19/95		13,600			13,600	S/L	10	
1	TRUCK	11/01/96		9,000			9,000	S/L	5	
2	SHELVING	9/01/00		1,414			1,414	S/L	3	
2	0.122.1.1.4			1 700			1,792	S/L	3	
2 5	SHELVING	11/01/01		1,792			1,7 02	0/ L	0	
2 5 9		11/01/01 12/28/01		1,792 2,368			2,368	S/L	3	

12/31/18 2018 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

CLIEN	T 28100		FOO	D FOR THO	UGHT				6	8-0181095
11/07/19	Э									09:52AM
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	<u>LIFE</u> .	CURRENT DEPR.
15	FREEZER	5/01/05		23,480			23,142	S/L	7	0
24	PHONE SYSTEM	2/28/08		715			715	S/L	3	0
	TOTAL MACHINERY AND EQUIPME			53,607		0	53,269		-	0
	TOTAL DEPRECIATION			1,095,618		0	562,022		-	29,048
	GRAND TOTAL DEPRECIATION			1,095,618		0	562,022		-	29,048

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PAGE 2

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

FOOD FOR THOUGHT

PAGE 1

CLIENT 28100

IENI	28100					FOO	I FOR I	HOUGH	I						6	8-01810
)7/19																09:52A
NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE -	RATE	CURRENT DEPR.
EPR. S	SCHEDULE ONLY															
BUILD	DINGS AND LAND															
3 BI	UILDING	2/01/99		427,73	5						427,735	325,107	S/L	25		17,1
21 LA	AND	2/01/99	-	312,15	6						312,156				-	
T	OTAL BUILDINGS AND LAND			739,89	1	0	0	C	() () 739,891	325,107				17,10
FURN	ITURE AND FIXTURES											7				
4 Fl	URNITURE AND FIXTURES	2/01/99		4,043	3	Y					4,043	4,043	S/L	10		
25 Fl	URNITURE	7/01/13		7,90	1						7,901	7,110	S/L	5	_	79
T	OTAL FURNITURE AND FIXTURE			11,94	4	0	0	C	() () 11,944	11,153				79
IMPR	OVEMENTS															
6 GI	UTTERS	2/01/00		1,42	6						1,426	1,426	S/L	10		
7 AI	RBOR	6/01/00		4,20	0						4,200	4,200	S/L	10		
8 AI	RBOR	4/01/01		3,70	0						3,700	3,700	S/L	10		
12 AI	NNEX	5/01/04		1,54	5						1,545	1,527	S/L	10		
13 H	TG/AC	6/01/04		1,50	0						1,500	1,493	S/L	7		
14 IN	MPROVEMENT	1/01/05		912	2						912	912	S/L	5		
16 SC	OLAR POWER	10/01/05		228,73	6						228,736	122,692	S/L	25		9,14
17 W	ALK-IN UPGRADES	12/01/05		1,78	5						1,785	1,785	S/L	5		
	FFICE REMODEL	4/30/08		2,46							2,465	2,465	S/L	5		
19 W	ALK-IN COMPRESSOR	6/15/08		2,99	7						2,997	2,875	S/L	10		12
	AINTING	12/09/08		10,00	0						10,000	7,333	S/L	5		
	LOORING			12,14							12,144	12,144	S/L	5		

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2018 FEDERAL BOOK DEPRECIATION SCHEDULE

FOOD FOR THOUGHT

PAGE 2

CLIENT 28100

								nooun							00-010103
1/07/19															09:52AI
<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
23	REMODEL (OXFORD CONST)	5/01/11		6,900)						6,900	4,600	S/L	10	690
26	FENCING	7/01/13		11,866	5						11,866	5,341	S/L	10	1,18
	TOTAL IMPROVEMENTS			290,176	5	0	0	() 0	0	290,176	172,493			11,14
MAG	CHINERY AND EQUIPMENT														
1	WALK IN FREEZER	5/19/95		13,600)						13,600	13,600	S/L	10	(
2	TRUCK	11/01/96		9,000)					_	9,000	9,000	S/L	5	(
5	SHELVING	9/01/00		1,414							1,414	1,414	S/L	3	(
9	SHELVING	11/01/01		1,792	2						1,792	1,792	S/L	3	(
10	SHELVING	12/28/01		2,368							2,368	2,368	S/L	3	(
11	COLOR LASER COPIER	12/31/05		1,238							1,238	1,238	S/L	3	(
15	FREEZER	5/01/05		23,480							23,480	23,142	S/L	7	(
24	PHONE SYSTEM	2/28/08		715							715	715	S/L	3	(
	TOTAL MACHINERY AND EQUIPME			53,607	,	0	0	() 0	0	53,607	53,269			(
	TOTAL DEPRECIATION			1,095,618	-	0	0	(00	0	1,095,618	562,022			29,04
	GRAND TOTAL DEPRECIATION			1,095,618	}	0	0	()0	00	1,095,618	562,022			29,04

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 28100

CLIENT 28100				FOC	DD FOR 1	THOUGH	т						6	8-0181095
11/07/19														09:52AM
NO. DESCRIPTION	DATE ACQUIRED	DATE COST, SOLD BASIS	BUS PCT	CUR . 179 . BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ Bonus/ SP. Depr.	PRIOR DEC. BAL DEPR.	Salva(/Basis 	G S DEPR. T <u>BASIS</u>	PRIOR DEPR.	METHOD	<u>LIFE</u>	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY														
BUILDINGS AND LAND														
3 BUILDING	2/01/99	427	735						427,73	5 342,216	S/L	25		17,109
21 LAND	2/01/99	312							312,15					0
TOTAL BUILDINGS AND LAND		739		0	0	() ()	0 739,89				-	17,109
FURNITURE AND FIXTURES										7				
4 FURNITURE AND FIXTURES	2/01/99		043						4,04	3 4,043	S/L	10		0
25 FURNITURE	7/01/13	7	901						7,90	1 7,901	S/L	5		0
TOTAL FURNITURE AND FIXTURE		II	944	0	0	() ()	0 11,94	4 11,944				0
6 GUTTERS	2/01/00	1	426						1,42	6 1,426	S/L	10		0
7 ARBOR	6/01/00	4	200						4,20	0 4,200	S/L	10		0
8 ARBOR	4/01/01	3	700						3,70	0 3,700	S/L	10		0
12 ANNEX	5/01/04	1	545						1,54	5 1,527	S/L	10		0
13 HTG/AC	6/01/04	1	500						1,50	0 1,493	S/L	7		0
14 IMPROVEMENT	1/01/05		912						91	2 912	S/L	5		0
16 SOLAR POWER	10/01/05	228	736						228,73	6 131,841	S/L	25		9,149
17 WALK-IN UPGRADES	12/01/05	1	785						1,78	5 1,785	S/L	5		0
18 OFFICE REMODEL	4/30/08	2	465						2,46	5 2,465	S/L	5		0
19 WALK-IN COMPRESSOR	6/15/08		997						2,99	2,997	S/L			0
20 PAINTING	12/09/08	10	000						10,00	0 7,333				0
22 FLOORING	12/10/10	12	144						12,14	4 12,144	S/L	5		0

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

FOOD FOR THOUGHT

PAGE 2

CLIENT 28100

/07/19																	09:52A
<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BASIS REDUC	S	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	RATE	CURRENT DEPR.
23	REMODEL (OXFORD CONST)	5/01/11		6,900								6,900	5,290	S/L	10		69
26	FENCING	7/01/13		11,866								11,866	6,528	S/L	10		1,18
	TOTAL IMPROVEMENTS			290,176		0	0	0	C)	0	290,176	183,641				11,02
MA	CHINERY AND EQUIPMENT																
1	WALK IN FREEZER	5/19/95		13,600								13,600	13,600	S/L	10		
2	TRUCK	11/01/96		9,000						_		9,000	9,000	S/L	5		
5	SHELVING	9/01/00		1,414								1,414	1,414	S/L	3		
9	SHELVING	11/01/01	r	1,792								1,792	1,792	S/L	3		
10	SHELVING	12/28/01		2,368								2,368	2,368	S/L	3		
11	COLOR LASER COPIER	12/31/05		1,238								1,238	1,238	S/L	3		
15	FREEZER	5/01/05		23,480								23,480	23,142	S/L	7		
24	PHONE SYSTEM	2/28/08		715								715	715	S/L	3		
	TOTAL MACHINERY AND EQUIPME			53,607		0	0	0	C)	0	53,607	53,269				
	TOTAL DEPRECIATION			1,095,618		0	0	0			0	1,095,618	591,070				28,13
	GRAND TOTAL DEPRECIATION			1,095,618		0	0	0	(0	1,095,618	591,070				28,13

TAXABLE YEARCalifornia Exempt Organization2018California Exempt Organization

FORM **199**

	ear 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)			
Corporation/Or	rganization name		Ca	lifornia corporation number
	OR THOUGHT rmation. See instructions.		1 FE	626482
Additional into				8-0181095
	s (suite or room)			IB no.
POST OI City	FFICE BOX 1608		Zic	code
FOREST	VILLE CA		9	5436
Foreign countr	y name Foreign province/st	ate/county	Fo	reign postal code
B AmendedC IRC Section	urn Yes X No I Return Yes X No ion 4947(a)(1) trust Yes X No Yes X No	ivities?		• Yes X No
• D Enter date	ormation Return? Dissolved □ Surrendered (Withdrawn) □ Merged/Reorganized K Is the organization exempt under R& If 'Yes,' enter the gross receipts from nonmember sources			
1 🗌 (F Fe <u>der</u> al r	counting method: Cash 2 X Accrual 3 Other return filed? 1 ● 990T 2 ● 990-PF 3 ● Sch H (990) L If organization is a public charity ex R&TC Section 23701d and meets the exception, check box. No filing fee is	empt under e filing fee s required .		····· • []
	her 990 series group filing? See instructions	r Form 109	to repo	rt
	rganization in a group exemption	ne IRS or ha	as the IF	
Did the o	P Is federal Form 1023/1024 pending:			
	ted to the FTB? See instructions			
Part I	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	804,728.
	2 Gross dues and assessments from members and affiliates	• • • • •	2	004,720.
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received		3	1,694,466.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information	В ●	4	2,499,194.
		,723.		· · ·
	6 Cost or other basis, and sales expenses of assets sold ● 6			
	7 Total costs. Add line 5 and line 6	-	7	492,723.
	8 Total gross income. Subtract line 7 from line 4.		8	2,006,471.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 10	2,301,108.
	 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 	•	10	-294,637.
	12 Use tax. See General Information K.		12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	-	13	
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	•	14	
Fee	15 Filing fee \$10 or \$25. See General Information F.		15	10.
	16 Penalties and Interest. See General Information J.	-	16	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17	10.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	to the best	of my k	nowledge and belief, it is true,
Here	Signature Signat	5	-	Telephone 07/887-1647
Paid	Preparer's ► Date Check if self- signature employe		P	PTIN 00049464
Preparer's Use Only	Firm's name GORANSON AND ASSOCIATES, INC.		•	Firm's FEIN
Use Only	(or yours, if self-employed) 717 COLLEGE AVENUE, FIRST FLOOR		4	55565460
	and address SANTA ROSA, CA 95404		,	
	May the FTB discuss this return with the preparer shown above? See instructions			075421256 X Yes No
	may are the allocate the rotant mat the preparet shown above. Oue instructions		· · ·	- 103 110

FOOD FO Part II	Orga	THOUGHT anizations with gross receipts of m rdless of amount of gross receipts – v				68-0)181095
	1 2	Gross sales or receipts from all be	usiness activities. See	instructions			478,422
	_						00 200
Receipts	3	Dividends					88,308
rom [°] Other	4						
Sources	5	Gross royalties Gross amount received from sale				-	
	6	Other income. Attach schedule					237,998
	7 8	Total gross sales or receipts from other so				8	804,728
	9	Contributions, gifts, grants, and similar am				-	45,023
	10	Disbursements to or for members					45,023
	11	Compensation of officers, director					112,159
	12	Other salaries and wages					654,243
Expenses	13	Interest					034,245
and Disburse-	14	Taxes					66,215
nents	15	Rents			-		58,439
	16	Depreciation and depletion (See i			-		43,214
	17	Other Expenses and Disbursemer					1,321,815
	18	Total expenses and disbursements. Add lin				18	2,301,108
Schedule		Balance Sheet	-	f taxable year		d of taxab	
Assets	-	Bulance officer	(a)	(b)	(c)		(d)
			(~)	445,188.	(0)	•	381,726
		receivable		144,386.		•	175,635
3 Net not	tes rec	eivable		,		•	ŕ
4 Invento	ries .			117,241.		•	100,870
5 Federa	l and s	tate government obligations				•	
6 Investr	nents i	n other bonds				•	
7 Investr	nents i	n stock		3,751,526.		•	3,297,465
		ns				•	
		nents. Attach schedule				•	
10 a Deprec	iable a	issets	925,113.		926,6		
		ated depreciation	590,268.	334,845.	630,9		295 , 702
				312,156.		•	312,156
12 Other a	issets.	Attach schedule		62 , 165.		•	56 , 592
				5,167,507.			4,620,146
		et worth					
14 Accourt				159,011.		•	190,261
		, gifts, or grants payable				•	
		otes payable				•	
		yable				•	
		es. Attach schedule		2,000.			410
-		or principal fund		5,006,496.		•	4,429,475
		pital surplus. Attach reconciliation				•	
		nings or income fund		5,167,507.		-	4,620,146
22 Total I Schedule		1 Reconciliation of income per b		r return	less then \$E0.000		4,020,140
1 M+ 1	00000	Do not complete this schedule if					
		er books	-294,637		ooks this year not inc schedule		
		ital losses over capital gains		8 Deductions in this re		···· •	
		ecorded on books this year.		against book income	5		
						•	
		orded on books this year not deducted		9 Total. Add line 7 and			
		• Attach schedule · · · · · · · · · · · · · · · · · · ·		10 Net income per	return.		
111 0115							-294,637

059 3

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

Department of the Treasury

N

CALIFORNIA COP	Υ

Schedule of Contributors

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

OMB	No	1545-0047
OND	140.	1343-0047

2018

Name of the organization		Employer ider	ntification number
FOOD FOR THOUGHT		68-0181	.095
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	$\overline{\mathrm{X}}$ 501(c)(3) (enter number) organization	1	
	4947(a)(1) nonexempt charitable trust not t	reated as a private four	Idation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treat	ed as a private foundati	on
	501(c)(3) taxable private foundation		

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of org			Employer identification number
	FOR THOUGHT		68-0181095
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	bace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
<u>1_</u> _	GILEAD_SCIENCES		Person X Payroll
	333 LAKESIDE DRIVE	\$ <u>75,</u>	000. Noncash
	FOSTER CITY, CA 94404		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
2	MAC AIDS FOUNDATION		Person X Payroll
	130 PRINCE STREET	\$ <u>30,</u>	000. Noncash
	NEW YORK, NY 10012		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
3	COMMUNITY FOUNDATION SONOMA COUNTY		Person X Payroll
	120 STONY POINT RD, STE 220	\$ <u>10,</u>	0 <u>00</u> . Noncash
	SANTA ROSA, CA 95401	Y	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
4	BROADWAY CARES/EQUITY_FIGHTS_AIDS		Person X Payroll
	65 WEST 46TH STREET, SUITE 300	\$ <u>10,</u>	000. Noncash
	NEW YORK, NY 10012		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
5	ELDER CALIFORNIA FOUNDATION		Person X Payroll
	6016 ANDERSON ROAD	\$ <u>5,</u>	0 <u>00</u> . Noncash
	FORESTVILLE, CA 95436		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
6	MERT_PRESTON		Person X Payroll
	2375 RANGE AVENUE #118	\$ <u>11,</u>	000. Noncash
	SANTA_ROSA, CA_95403-9426		(Complete Part II for noncash contributions.)

Page **2** 5

1

FOOD E	FOR THOUGHT		181095
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	bace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LINDA AND RON BACKSTROM		Person X Payroll
	4325 TYRONE WAY	\$6 <u>,135</u> .	Noncash
	CARMICHAEL, CA 95608		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DAVID BAYLOR AND THERESA HELMER		Person X Payroll
	PO_BOX_638	\$12,000.	
	ROSS, CA 94957		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HECK FOUNDATION 13250 RIVER ROAD GUERNEVILLE, CA 95446	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>	PATRICIA LONDON		Person X
	8797 BARNETT VALLEY ROAD	\$ <u>5,000</u> .	Payroll Noncash
	SEBASTOPOL, CA 95472		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _	LAMB AND BARNOWSKY LLP		Person X
	534 BROADHOLLOW COURT	\$ <u>30,000</u> .	Payroll Noncash
	MELVILLE, NY 11747		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> _	SUMMIT STATE BANK		Person X Payroll
	PO_BOX_6188	\$ <u>5,397</u> .	
	SANTA ROSA, CA 95406		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

5 Page **2**

2

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of org FOOD B	anization FOR THOUGHT		r identification number 181095
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	SCAN HEALTH PLAN	Å – – – – – – – – – – – – – – – – – – –	Person X Payroll
	3800 KILROY AIRPORT WAY ST 100 LONG BEACH, CA 90806	\$5,000.	Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _	BETHLEHEM_FOUNDATION		Person X Payroll
	100 N_MAIN_STREET, 6TH_FLOOR	\$ <u>10,000.</u>	Noncash
	WINSTON-SALEM, NC 27101		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PKWY 160 SANTA ROSA, CA 95407	\$11,380.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	EMILY_DAVIS 7804 ANTHONY_STREET SEBASTOPOL, CA_95472	\$ <u>5,520.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	CHARIS_FUND PO_BOX_82270 PORTLAND, OR_97282	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	JANE AND HERBERT DWIGHT		Person X Payroll
	1313 W DRY CREEK ROAD	\$ <u>5,000.</u>	Noncash
	HEALDSBURG, CA 95448		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

3 Employer identification nu 5 Page **2**

Name of org	anization FOR THOUGHT	-	oyer identification number •0181095
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s		0101095
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	CHARLES A FRUEAUFF FOUNDATION		Person X Payroll
	200 RIVER MARKET AVE, STE 100	\$40,000	<u>).</u> Noncash
	LITTLE ROCK, AR 72201		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	TIPPING POINT EMERGENCY RELIEF FUND		Person X Payroll
	220 MONTGOMERY ST, STE 850	\$10,000	
	SAN FRANCISCO, CA 94104		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	MAY AND STANLEY SMITH CHARITABLE TR 770 TAMALPAIS DR, STE 309	\$ 35,000	Person X Payroll
	CORTE_MADERA, CA 94925		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	JACKSON FAMILY WINES		Person X Payroll
	425 AVIATION BLVD	\$5,000	
	SANTA ROSA, CA 95403		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u>	WILLIAM ROBERTELLO LIVING TRUST		Person X
	66 WOODLAWN AVE	\$62,959	Payroll Payroll Noncash
	CLIFTON, NJ 07013		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	JOHN AND ELIZABETH SHEELA		Person X
	PO_BOX_207	\$6,000	Payroll <u>) Noncash</u>
	SONOMA, CA_95476		(Complete Part II for noncash contributions.)

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4

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)		5 5 Page 2
Name of org FOOD	ianization FOR THOUGHT		Employer identification number 68-0181095
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	bace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
<u>25</u>	KAISER PERMANENTE		Person X
	401 BICENTENNIAL WAY	\$ <u>20,</u>	Payroll 112. Noncash
	SANTA ROSA, CA 95403		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution S
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
	 	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1	1	Page 3
Name of organization	Employer identi	fication nu	mber
FOOD FOR THOUGHT	68-01810)95	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	3 (Form 990, 990-EZ, or 990-PF) (2018)			1 1 Page 4
Name of organ FOOD FO	nization OR THOUGHT			Employer identification number 68-0181095
	<i>Exclusively</i> religious, charitable, et or (10) that total more than \$1,000 for t the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	utor. Complet	lescribed in section 501(c)(7), (8), te columns (a) through (e) and e/y religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
			·	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	·	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
BAA			 Sche	dule B (Form 990, 990-EZ, or 990-PF) (2018)

2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	4 3885 ONLY						
Corpo	ration name						Californ	ia corporatio	on number
-	D FOR THOUGHT						1626	5482	
Par		pense Certain Pro							
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC Sec		•					2	<u> </u>
3 4	Threshold cost of IR Reduction in limitation		-					3 4	\$200,000
5	Dollar limitation for t			,				5	
6		Description of property		(b) Cost (business)		(c) Elected		<u> </u>	
	(4)	beschption of property		(1) 0001 (100011000			1 0051		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of					ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow	ved deduction from	prior taxable years	S			[10	
11	Business income lim							11	
12	IRC Section 179 exp							12	
<u>13</u>	Carryover of disallow								
Part		nd Election of Additi	-		1	1			4.5
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Deprecia		(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this y	rear	year
				allowable in earlier years					depreciation
WAT	K IN FREEZER	5/19/1995	13,600.	13,600.	S/L	10			
TRU		11/01/1996	9,000.	9,000.	S/L	5			
	LDING	2/01/1999	427,735.	325,107.	S/L	25	17	,109.	
	NITURE AND F	2/01/1999	4,043.	4,043.	<u>S/L</u>	10		/ = 0 5 1	
	LVING	9/01/2000	1,414.	1,414.	S/L	3			
	Add the amounts in	column (g) and col			not exceed				
	\$2,000. See instruct						29	,048.	
Par									
16	Total: If the corporat	ion is electing:	unt on line 10 and	line 15 column (c)					
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	56, add the amoun) or Its on line 1	5. columns ((g) and (h)	or	
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, column	(g)			16	
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	1ent. If line 17 is gi line 6. If line 17 is	reater than line 16, less than line 16,	enter the difference	e here and c	on Form 10 on Form 100	0 or or		
	Form 100W, Side 2,	line 12. (If Californ	iia depreciation am	iounts are used to (determine n	iet income b	efore	10	
Par	state adjustments or	1 Form 100 or Form	n TOOW, no adjustn	nent is necessary.).				18	
19	(a)	(b)	(c)		d)	(0)	(f)		(g)
15	Description	Date acquire	d Cost o	r Amort	ization	(e) R&TC	Period	or	Amortization
	of property	(mm/dd/yyyy) other bas	sis allowed or in earlie	allowable	section (see instr)	percenta	ge	for this year
				III Callie	er years				
20	Total. Add the amou	nts in column (a)	I	I		I		20	
21	Total amortization cl	(0)					-	21	
	Amortization adjustn	nent. If line 21 is a	reater than line 20.	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20, o	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 2,	line 12			<u></u>			22	



2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	4 3885 ONLY						
Corpo	ration name						Califor	nia corp	oration number
	DD FOR THOUGHT	[162	6482	
Par		pense Certain Pro							
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2 3	<u> </u>
3 4	Threshold cost of IR							3 4	\$200 , 000
4 5	Reduction in limitation Dollar limitation for t							4 5	
6		Description of property		(b) Cost (business		(c) Elected			
	(4)	becomption of property				(0) 210000			
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in column (c),	line 6 and I	ine 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income lim			•				11	
12 13	IRC Section 179 exp Carryover of disallov							12	
Par				reciation Deduction			56		
14	(a)	(b)	(c)	(d)	(e)	(f)	((1)	(h)
14	Description	Date acquired	Cost or	Depreciation	Depreciation	1 Life or	Deprecia	ation f	or Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					aoproblation
GUI	TTERS	2/01/2000	1,426.	1,426.	S/L	10			
ARE	BOR	6/01/2000	4,200.	4,200.	S/L	10			
ARE	BOR	4/01/2001	3,700.	3,700.	S/L	10			
SHE	ELVING	11/01/2001	1,792.	1,792.	S/L	3			
SHE	ELVING	12/28/2001	2,368.	2,368.	S/L	3			
15	Add the amounts in \$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat	ion is electing:	unt and line 10 and		N				
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add the amour) or nts on line 1	15. columns (g) and (h) or	
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, column	(g)			1	6
	Total depreciation cl		•					1	7
18	Depreciation adjustn Form 100W, Side 1,	ient. If line 17 is gi line 6. If line 17 is	reater than line 16, less than line 16,	, enter the difference enter the difference	e here and here and	on Form 10	U or or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	nounts are used to	determine r	net income b	efore		
Par	state adjustments or t IV Amortization	1 Form 100 or Form	1 100W, no adjustr	nent is necessary.).					8
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
15	Description	Date acquire	d Cost o	r Amort	ization	(e) R&TC	Period		Amortization
	of property	(mm/dd/yyyy) other bas		r allowable er years	section (see instr)	percenta	age	for this year
				in can	ci years				
20	Total. Add the amou	nts in column (a).		·····				20	
21	Total amortization cl	(0)						21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20,	, enter the differend	ce here and	d on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or	22	
	Form 100W, Side 2,	line 12		<u></u>		<u></u>		22	

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2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	I 3885 ONLY						
Corpo	ration name						Califor	nia corpor	ration number
-	D FOR THOUGHI						162	6482	
Par		pense Certain Pro							
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC See	1 1 2 1						2	+
3	Threshold cost of IR		-					3	\$200,000
4 5	Reduction in limitation			,				4	
6	Dollar limitation for t	ř.	act line 4 from line	(b) Cost (business)				5	
0	(a)	Description of property		(b) Cost (business	use only)	(c) Electer	1 COSL		
	Listed and state	te d IDO 0 e etiere 17	0		7				
7 8	Listed property (elec Total elected cost of					no 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim							11	
12	IRC Section 179 exp			•				12	
13	Carryover of disallow								
Par	t II Depreciation ar	nd Election of Addition	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(<u>ç</u>		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this	ation fo	
	or property	(IIIII/dd/yyyy)	other basis	allowable in	methou	Tale	uns	уса	year depreciation
				earlier years					
	LOR LASER COP		1,238.	1,238.	S/L	3			
ANN		5/01/2004	1,545.	1,527.	S/L	10			
HTG	G/AC	6/01/2004	1,500.	1,493.	S/L	7			
	ROVEMENT	1/01/2005	912.	912.	S/L	5			
FRE	EZER	5/01/2005	23,480.	23,142.	S/L	7			
15	Add the amounts in \$2,000. See instruction								
Par		· · ·				•			
16	Total: If the corporat IRC Section 179 exp Additional first year	ense, add the amou	unt on line 12 and R&TC Section 243	line 15, column (g) or ts on line 1	5. columns (a) and (h) or	
	Depreciation (if no e	-							
	Total depreciation cl							17	·
18	Depreciation adjustm Form 100W, Side 1,	ient. If line 17 is gr line 6. If line 17 is	eater than line 16, less than line 16, e	, enter the difference enter the difference	e here and here and c	on Form 10 on Form 100	0 or or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	nounts are used to a	determine n	iet income b	efore		
D	state adjustments or	n Form 100 or Form	100W, no adjustr	nent is necessary.).				18	
Part 19		1->	1-1	<i>,</i>			10		(a)
19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)		r Amort	allowable	(e) R&TC section (see instr)	(f) Period percenta		(g) Amortization for this year
_									
20	Total. Add the amou	nts in column (g)						20	
21	Total amortization cl	aimed for federal p	urposes from fede	ral Form 4562, line	44			21	
22	Amortization adjustn	nent. If line 21 is ar	eater than line 20.	, enter the differend	e here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20, e	enter the difference	e here and o	on Form 100	or	~	
	Form 100W, Side 2,	line 12	<u></u>	<u></u>	<u></u>			22	



2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	1 3885 ONLY						
Corpo	ration name						Californ	nia corporatio	on number
	DD FOR THOUGHT						1626	5482	
Part		pense Certain Pro							
1	Maximum deduction							1	\$25,000
2 3	Total cost of IRC See						-	2	¢200_000
4	Threshold cost of IR Reduction in limitation							4	\$200,000
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business ((c) Elected			
				•••					
7	Listed property (elec								
8	Total elected cost of							8	
9 10	Tentative deduction.							9 10	
10 11	Carryover of disallow Business income lim							10	
12	IRC Section 179 exp			•	,			12	<u> </u>
13	Carryover of disallow					13			
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this y		Additional first year
	0. p. op o. (j			allowable in	incurva	Tuto		o a.	depreciation
0.01	AD DOMED	10/01/2005	000 700	earlier years	a / t	05		140	
-	LAR POWER	10/01/2005	228,736. 1,785.	122,692.	S/L S/L	25 5	9	,149.	
	FICE REMODEL	4/30/2008	2,465.	2,465.	S/L S/L	5			
	LK-IN COMPRES	6/15/2008	2,997.	2,875.	S/L	10		122.	
	INTING	12/09/2008	10,000.	7,333.	S/L	5			
	Add the amounts in								
	\$2,000. See instruct								
Part									
16	Total: If the corporat	ion is electing:	unt and line 10 and	1					
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	56, add the amoun	ts on line 1	5, columns (g) and (h)	or	
	Depreciation (if no e	-							
	Total depreciation cl							. 17	
18	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16, e	enter the difference	here and c	on Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	iounts are used to a	determine r	net income b	efore	10	
Par	state adjustments or tive Amortization		TOOW, no adjustr	nent is necessary.).				18	
19	(a)	(b)	(c)	((d)	(e)	(f)		(g)
	Description	Date acquired	d Cost o	r Amorti	zation	R&TC	Period		Amortization
	of property	(mm/dd/yyyy)) other bas	sis allowed or in earlie		section (see instr)	percenta	ige	for this year
					, -	/			
20	Total. Add the amou	nts in column (g)					· · · · · · · · .	20	
21	Total amortization cl	aimed for federal p	urposes from fede	ral Form 4562, line	44		· · · · · · · ·	21	
22	Amortization adjustn	hent. If line 21 is gr	eater than line 20,	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12						22	



2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	4 3885 ONLY						
Corpor	ration name						Californi	ia corporatio	on number
FOC	D FOR THOUGHT	[1626	482	
Parl			perty Under IRC S					1	
1	Maximum deduction							1	\$25 , 000
2	Total cost of IRC Se		•					2 3	¢200_000
3 4	Threshold cost of IR Reduction in limitation		•					3 4	\$200,000
5	Dollar limitation for t			,				5	
6		Description of property		(b) Cost (business ((c) Electe			
		,				. ,			
7	Listed property (elec								
8	Total elected cost of							8	
9 10	Tentative deduction. Carryover of disallow							9 10	
11	Business income lim		• •					10	
12	IRC Section 179 exp			•	,			12	
13	Carryover of disallow	ved deduction to 20	019. Add line 9 and	l line 10, less line 1	2 1	13	•		
Parl	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	tion for	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecial this y		Additional first year
				allowable in earlier years					depreciation
LAN	חז	2/01/1999	312,156.			0			
	ORING	12/10/2010	12,144.	12,144.	S/L	5			
-	MODEL (OXFORD	5/01/2011	6,900.	4,600.	S/L	10		690.	
	DNE SYSTEM	2/28/2008	715.	715.	S/L	3			
FUF	NITURE	7/01/2013	7,901.	7,110.	S/L	5		791.	
15	Add the amounts in	column (g) and co	umn (h). The total	of column (h) may	not exceed				
	\$2,000. See instruct	ions for line 14, co	lumn (h)	<u></u>		15			
Part									
16	Total: If the corporat IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g)	or				
	Additional first year Depreciation (if no e	depreciation under	R&TC Section 243	356, add the amoun	ts on line 15				
17	Total depreciation cl				(0)				
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	here and o	n Form 100	or		
	state adjustments or	Form 100 or Forn	n 100W, no adjustn	nent is necessary.)				18	
Parl	t IV Amortization	I	r	1					
19	(a) Description	(b) Date acquire	d Cost o		1) zation	(e) R&TC	(f) Period (or	(g)
	of property	(mm/dd/yyyy	y) other bas	sis allowed or	allowable	section	percenta		Amortization for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	nts in column (a).		·····				20	
21	Total amortization cl	(0)						21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the difference	e here and	on_Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	n Form 100	or	22	
		1110 I L		<u></u>	<u></u>	<u></u>			

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2018 Corporation Depreciation and Amortization

3885

Attach	n to Form 100 or For	m 100W. FORM	4 3885 ONLY						
Corpora	tion name						Califorr	nia corpor	ation number
FOOI	D FOR THOUGHT						1626	5482	
Part	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 , 000
2	Total cost of IRC Se	ction 179 property	placed in service				[2	
3	Threshold cost of IR	C Section 179 prop	erty before reduction	on in limitation			[3	\$200,000
	Reduction in limitation							4	
	Dollar limitation for t	axable year. Subtra	act line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electer	l cost		
	Listed property (elec								
	Total elected cost of							8	
	Tentative deduction.						_	9	
	Carryover of disallow							10 11	
	Business income lim IRC Section 179 exp			•				12	
	Carryover of disallow				_	13		12	
Part		nd Election of Additi				-	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
17	Description	Date acquired	Cost or	Depreciation	Depreciation		Deprecia	ntion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	/ear	year depreciation
				earlier years					depreciation
FEN	CING	7/01/2013	11,866.	5,341.	S/L	10	1	,187	•
								•	
15	Add the amounts in	column (a) and col	umn (h) The total	of column (h) may		4			
	\$2,000. See instructi								
Part	III Summary	· · ·							<u> </u>
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g	I) or hts on line 1	5 columns (a) and (h)	or	
	Depreciation (if no e								
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn	ient. If line 17 is gi	reater than line 16,	enter the differen	ce here and	on Form 10	D or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 17 is	iess than line 16, 6	ounts are used to	e nere and o determine r	net income b	or efore		
	state adjustments or							18	
Part	IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy		r Amor sis allowed o	tization r allowable	R&TC section	Period percenta		Amortization for this year
	5. la. ele c. ij	(,		er years	(see instr)	p	.9-	for this year
20	Total. Add the amou	nts in column (g).					[20	
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	e 44		[21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20,	enter the differen	ce here and	l on_Form 10	0 or	T	
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20, e	enter the differenc	e here and o	on Form 100	or	22	
1	Form 100W, Side 2,							<i>LL</i>	

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2018	CALIFORNIA STATEMENTS	5		PAGE 1
CLIENT 28100	FOOD FOR THOUGHT			68-0181095
	rs		\$ FAL <u>\$</u>	09:52AM 223,330. <u>14,668.</u> 237,998.
	NTS, AND SIMILAR AMOUNTS PAID			45 000
AMOUNT GIVEN:		TC	DTAL <u>\$</u>	45,023. <u>45,023.</u>
STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, CURRENT OFFICERS:	DIRECTORS, TRUSTEES AND KEY EMPL	Υ	ד כוחיד _	EVDENCE
NAME AND ADDRESS RODNEY DEMARTINI POST OFFICE BOX 1608 FORESTVILLE, CA 95436	AVERAGE HOURS COM	PEN- BUTI	NTRI- ION TO <u>& DC</u> 0. \$	
NANCY BOUFFARD POST OFFICE BOX 1608 FORESTVILLE, CA 95436	DIRECTOR 2.00	0.	0.	0.
ELISA BAKER POST OFFICE BOX 1608 FORESTVILLE, CA 95436	DIRECTOR 2.00	0.	0.	0.
MISTI WOOD POST OFFICE BOX 1608 FORESTVILLE, CA 95436	DIRECTOR 2.00	0.	0.	0.
DIANA LACZKOWSKI POST OFFICE BOX 1608 FORESTVILLE, CA 95436	PRESIDENT 2.00	0.	0.	0.
SHAN MAGNUSON POST OFFICE BOX 1608 FORESTVILLE, CA 95436	DIRECTOR 2.00	0.	0.	0.
MARK SHORT POST OFFICE BOX 1608 FORESTVILLE, CA 95436	TREASURER 2.00	0.	0.	0.

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CALIFORNIA STATEMENTS

CLIENT 28100

FOOD FOR THOUGHT

68-0181095

09:52AM

11/07/19

STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RIC GIARDINA POST OFFICE BOX 1608 FORESTVILLE, CA 95436	DIRECTOR 2.00	\$ 0.	\$ 0.	\$0.
RON KARP POST OFFICE BOX 1608 FORESTVILLE, CA 95436	EXECUTIVE DIREC 40.00	112,159.	0.	0.
MITCHELL SAVITSKY POST OFFICE BOX 1608 FORESTVILLE, CA 95436	DIRECTOR 2.00	0.	0.	0.
LARRY NEEDLEMAN POST OFFICE BOX 1608 FORESTVILLE, CA 95436	VICE PRESIDENT 2.00	0.	0.	0.
	TOTAL	<u>\$ 112,159.</u>	<u>\$0.</u>	<u>\$0.</u>
OTHER OPERATING EXPENSE POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS PURCHASED FOOD SPECIAL EVENT EXPENSES SUPPLIES TELEPHONE TRAVEL				3,983. 4,488. 513,181. 2,968. 7,772. 3,332. 11,226. 945. 62,659. 128,709. 100,479. 4,592. 8,391. 30,232. 356,209. 23,836. 22,488. 11,862. 9,806. 5,971. 8,686. 1,321,815.

2018 **CALIFORNIA STATEMENTS CLIENT 28100** FOOD FOR THOUGHT 11/07/19 STATEMENT 5 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

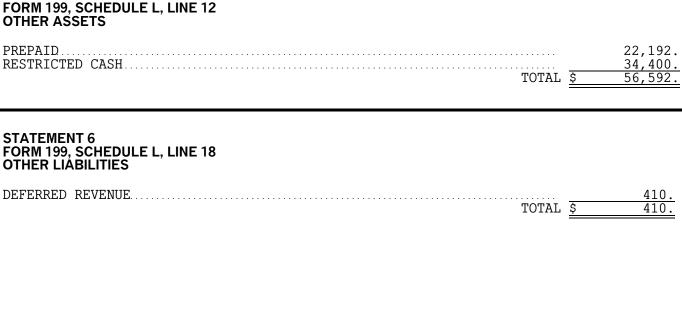
STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

DEFERRED REVENUE 410.

PAGE 3

68-0181095

09:52AM



12/31/18 2018 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 1

IEN	IT 28100		FOO	D FOR THO	DUGHT				6	8-018109
7/1	9									09:52A
						0115	PRIOR			
NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	179/ SDA/ DEPR.	METHOD		CURRENT DEPR.
			<u>30LD</u>	DASIS		JUA				DLFR.
	R. SCHEDULE ONLY									
BL	JILDINGS AND LAND									
3	BUILDING	2/01/99		427,735			325,107	S/L	25	17,10
21	LAND	2/01/99		312,156						
	TOTAL BUILDINGS AND LAND			739,891		0	325,107			17,10
FI	IRNITURE AND FIXTURES			,			,			,
4	FURNITURE AND FIXTURES	2/01/99		4,043			4,043	S/L	10	
25	FURNITURE	7/01/13		7,901	-		7,110	S/L	5	79
	TOTAL FURNITURE AND FIXTURE	E		11,944		0	11,153			79
IM	IPROVEMENTS			,			,			
6	GUTTERS	2/01/00		1,426			1,426	S/L	10	
7	ARBOR	6/01/00		4,200			4,200	S/L	10	
8	ARBOR	4/01/01		3,700			3,700	S/L	10	
12	ANNEX	5/01/04		1,545		_	1,527	S/L	10	
13	HTG/AC	6/01/04		1,500			1,493	S/L	7	
14	IMPROVEMENT	1/01/05		912			912	S/L	5	
16	SOLAR POWER	10/01/05		228,736			122,692	S/L	25	9,1
17	WALK-IN UPGRADES	12/01/05		1,785			1,785	S/L	5	
18	OFFICE REMODEL	4/30/08		2,465			2,465	S/L	5	
19	WALK-IN COMPRESSOR	6/15/08		2,997			2,875	S/L	10	12
20	PAINTING	12/09/08		10,000			7,333	S/L	5	
22	FLOORING	12/10/10		12,144			12,144	S/L	5	
23	REMODEL (OXFORD CONST)	5/01/11		6,900			4,600	S/L	10	69
26	FENCING	7/01/13		11,866	-		5,341	S/L	10	1,18
	TOTAL IMPROVEMENTS			290,176		0	172,493			11,14
	ACHINERY AND EQUIPMENT									
M							13,600	S/L	10	
M/ 1	WALK IN FREEZER	5/19/95		13,600						
1	WALK IN FREEZER TRUCK	5/19/95 11/01/96		13,600 9,000			9,000	S/L	5	
1							9,000 1,414	S/L S/L	5 3	
1 2 5	TRUCK	11/01/96		9,000						
1 2 5 9	TRUCK Shelving	11/01/96 9/01/00		9,000 1,414			1,414	S/L	3	

12/31/18 2018 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

CLIEN	IT 28100		FOO	D FOR THO	DUGHT				6	8-0181095
11/07/19	9									09:52AM
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE .	CURRENT DEPR.
15	FREEZER	5/01/05		23,480			23,142	S/L	7	0
24	PHONE SYSTEM	2/28/08		715			715	S/L	3	0
	TOTAL MACHINERY AND EQUIPME			53,607		0	53,269			0
	TOTAL DEPRECIATION			1,095,618		0	562,022		-	29,048
	GRAND TOTAL DEPRECIATION			1,095,618		0	562,022		:	29,048

UPY

PAGE 2

2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

FOOD FOR THOUGHT

PAGE 1

CLIENT 28100

EN	1 28100					FOC	POR	HOUGH	I						68-018105
07/19	9														09:52A
10.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _F	CURRENT
EPR	R. SCHEDULE ONLY														
BU	IILDINGS AND LAND														
3	BUILDING	2/01/99		427,73	5						427,735	325,107	S/L	25	17,10
21	LAND	2/01/99		312,156	6						312,156				
	TOTAL BUILDINGS AND LAND			739,89	1	0	0	() 0) 0	739,891	325,107			17,10
FU	RNITURE AND FIXTURES														
4	FURNITURE AND FIXTURES	2/01/99		4,043	3						4,043	4,043	S/L	10	
25	FURNITURE	7/01/13		7,90	1						7,901	7,110	S/L	5	79
	TOTAL FURNITURE AND FIXTURE			11,944	4	0	0	(0 0) 0	11,944	11,153			75
IM	PROVEMENTS														
6	GUTTERS	2/01/00		1,420	6						1,426	1,426	S/L	10	
	ARBOR	6/01/00		4,200	D						4,200	4,200	S/L	10	
8	ARBOR	4/01/01		3,700	D						3,700	3,700	S/L	10	
12	ANNEX	5/01/04		1,54	5						1,545	1,527	S/L	10	
	HTG/AC	6/01/04		1,500							1,500	1,493	S/L	7	
	IMPROVEMENT	1/01/05		912	2						912	912	S/L	5	
16	SOLAR POWER	10/01/05		228,736							228,736	122,692	S/L	25	9,14
17	WALK-IN UPGRADES	12/01/05		1,78							1,785	1,785	S/L	5	
	OFFICE REMODEL	4/30/08		2,46							2,465	2,465	S/L	5	
		6/15/08		2,997	7						2,997	2,875	S/L	10	12
19	WALK-IN COMPRESSOR												• //		
19 20	WALK-IN COMPRESSOR PAINTING FLOORING	12/09/08 12/10/10		10,000 12,144							10,000 12,144	7,333 12,144	S/L S/L	5 5	

2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

FOOD FOR THOUGHT

PAGE 2

CLIENT 28100

/07/19																09:52A
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
23	REMODEL (OXFORD CONST)	5/01/11		6,900							6,90	9 4,600	S/L	10		69
26	FENCING	7/01/13		11,866							11,86	5,341	S/L	10		1,18
	TOTAL IMPROVEMENTS			290,176		0	0	() ()) 290,17	6 172,493				11,14
MA	CHINERY AND EQUIPMENT															
1	WALK IN FREEZER	5/19/95		13,600							13,60	0 13,600	S/L	10		
2	TRUCK	11/01/96		9,000							9,00	9,000	S/L	5		
5	SHELVING	9/01/00		1,414							1,414	4 1,414	S/L	3		
9	SHELVING	11/01/01		1,792							1,79	2 1,792	S/L	3		
10	SHELVING	12/28/01		2,368							2,36	3 2,368	S/L	3		
11	COLOR LASER COPIER	12/31/05		1,238							1,23	3 1,238	S/L	3		
15	FREEZER	5/01/05		23,480							23,48	23,142	S/L	7		
24	PHONE SYSTEM	2/28/08		715							71	5 715	S/L	3		
	TOTAL MACHINERY AND EQUIPME			53,607		0	0	() ()	53,60	7 53,269				
	TOTAL DEPRECIATION			1,095,618		0	0	(<u>) (</u>)	1,095,61	3 562,022				29,04
	GRAND TOTAL DEPRECIATION			1,095,618		0	0	(<u>)</u> ()	01,095,613	<u> </u>				29,04

2019 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 28100 FOOD FOR THOUGHT 68-0181095 11/07/19 09:52AM PRIOR CUR SPECIAL 179/ PRIOR SALVAG DATE SOLD COST/ BASIS DEPR. BASIS DATE BUS. PCT. 179 DEPR. BONUS/ DEC. BAL /BASIS PRIOR CURRENT DESCRIPTION ACQUIRED BONUS SP. DEPR. DEPR. REDUCT DFPR. DEPR. ALLOW. METHOD LIFE RATE NO. DEPR. SCHEDULE ONLY BUILDINGS AND LAND 427,735 427,735 3 BUILDING 2/01/99 342,216 S/L 25 17,109 312,156 21 LAND 2/01/99 312,156 0 TOTAL BUILDINGS AND LAND 739,891 0 0 0 0 0 739,891 342,216 17,109 FURNITURE AND FIXTURES 4 FURNITURE AND FIXTURES 2/01/99 4.043 4,043 4.043 S/L 10 0 7/01/13 7,901 25 FURNITURE 7,901 7,901 S/L 5 0 TOTAL FURNITURE AND FIXTURE 11,944 0 0 11,944 0 11,944 0 **IMPROVEMENTS** 6 GUTTERS 2/01/00 1,426 1,426 1,426 S/L 10 0 7 ARBOR 6/01/00 4,200 4,200 4,200 S/L 10 0 8 ARBOR 4/01/01 3,700 3,700 3,700 10 0 S/L 12 ANNEX 5/01/04 1,545 1.545 1.527 10 0 S/L 0 13 HTG/AC 6/01/04 1,500 1,500 1.493 S/L 7 S/L 14 IMPROVEMENT 1/01/05 912 912 912 5 0 10/01/05 228,736 228,736 9,149 16 SOLAR POWER 131,841 S/L 25 17 WALK-IN UPGRADES 12/01/05 1,785 1,785 1,785 S/L 5 0 18 OFFICE REMODEL 4/30/08 2,465 2,465 2,465 S/L 5 0 19 WALK-IN COMPRESSOR 6/15/08 2,997 2.997 2.997 S/L 10 0 20 PAINTING 12/09/08 10,000 7,333 10,000 S/L 5 0 22 FLOORING 12/10/10 12,144 12,144 12,144 S/L 5 0

2019 CALIFORNIA BOOK DEPRECIATION SCHEDULE

FOOD FOR THOUGHT

PAGE 2

CLIENT 28100

11/07/19)															09:52AN
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE .	RATE	CURRENT DEPR.
23	REMODEL (OXFORD CONST)	5/01/11		6,900							6,900	5,290	S/L	10		690
26	FENCING	7/01/13		11,866							11,866	6,528	S/L	10		1,187
	TOTAL IMPROVEMENTS			290,176		0	0	0	0) 0	290,176	183,641				11,026
MA	ACHINERY AND EQUIPMENT															
1	WALK IN FREEZER	5/19/95		13,600							13,600	13,600	S/L	10		0
2	TRUCK	11/01/96		9,000						_	9,000	9,000	S/L	5		0
5	SHELVING	9/01/00		1,414							1,414	1,414	S/L	3		0
9	SHELVING	11/01/01	,	1,792							1,792	1,792	S/L	3		0
10	SHELVING	12/28/01		2,368							2,368	2,368	S/L	3		0
11	COLOR LASER COPIER	12/31/05		1,238							1,238	1,238	S/L	3		0
15	FREEZER	5/01/05		23,480							23,480	23,142	S/L	7		0
24	PHONE SYSTEM	2/28/08		715							715	715	S/L	3		0
	TOTAL MACHINERY AND EQUIPME			53,607		0	0	0	0) 0	53,607	53,269				0
	TOTAL DEPRECIATION			1,095,618		0	0	0	0	00	1,095,618	591,070				28,135
	GRAND TOTAL DEPRECIATION			1,095,618		0	0	0	0) 0	1,095,618	591,070				28,135

N MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



		as define	a in Government Co	de section 12586.1. IR	S extensions will b	e nonorea.						
				Check if:								
State	Charity Registration Number	074101		Change of address								
	D FOR THOUGHT			Amended report								
POS	T OFFICE BOX 1608			Corporate or Organization No. 1626482								
	s (Number and Street)											
	ESTVILLE, CA 95436 Town, State and ZIP Code				Federal Emplo	yer I.D. No. <u>68-0181095</u>						
	ANNUAL REG			CHEDULE (11 Cal orney General's F		ections 301-307, 311, and 312) aritable Trusts						
Gros	s Annual Revenue	Fee	Gross Annual	Revenue	<u>Fee</u>	Gross Annual Revenue	F	Fee				
Less	than \$25,000	0	Between \$100,	001 and \$250,000) \$50	Between \$1,000,001 and \$10 millio	n \$	5150				
Betw	een \$25,000 and \$100,000	\$25	Between \$250,	,001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 milli Greater than \$50 million		5225 5300				
PAR	T A – ACTIVITIES					Greater than \$50 minion	φ	500				
	For your most recent full acc	ounting peri	iod (beginning	1/01/18	ending	12/31/18) list:						
	Gross annual revenue \$		1,982,635.	Total assets	\$	4,620,146.						
	T B – STATEMENTS R					OD OF THIS REPORT						
Note	If you answer "yes" to an	y of the que	stions below, yo	ou must attach a	separate page	providing an explanation and detail	s for e	ach				
	"yes" response. Please re											
1	During this reporting period, v	vere there ar	ny contracts, loa	ins, leases or oth	er financial tra	nsactions between the	Yes	No				
	organization and any officer, dir director or trustee had any fin	ector or truste ancial intere	ee thereof either o st?	directly or with an e	entity in which a	any such officer,		Х				
	During this reporting period, we property or funds?	re there any t	heft, embezzleme	ent, diversion or mi	isuse of the orga	anization's charitable		Х				
	During this reporting period, c	did non-progi	ram expenditure	es exceed 50% of	gross revenue	?		Х				
4	During this reporting period, we Form 4720 with the Internal R	re any organiz Revenue Serv	zation funds used	l to pay any penalt	y, fine or judgm	ent? If you filed a		Х				
5	During this reporting period, v purposes used? If "yes," prov service provider.	vere the serv	vices of a comm	ercial fundraiser	or fundraising and telephone	counsel for charitable number of the		Х				
6	During this reporting period, did					de an attachment listing		Х				
	the name of the agency, mail					ravida an attachmant						
	During this reporting period, did indicating the number of raffle	es and the da	ate(s) they occu	rred.				Х				
	Does the organization conduct a the program is operated by th charitable purposes.	a vehicle dona ne charity or	ation program? If whether the orga	"yes," provide an a anization contrac	attachment indic ts with a comm	cating whether nercial fundraiser for		Х				
	Did your organization have pr principles for this reporting pe		udited financial	statement in acco	ordance with ge	enerally accepted accounting	X					
Orga	nization's area code and telep	hone numbe	er <u>707/88</u> 7-	1647								
Orga	nization's e-mail address <u>I</u>	NFO@FFTF	OODBANK.OR	G								
	lare under penalty of perjury pelief, the content is true, cor			port, including a	ccompanying	documents, and to the best of my kn	owled	ge				
		RON	KARP		EXECUTIVE	E DIREC						
Signati	ure of authorized officer		Name		Title	Date						