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

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

2016

**DLN: 93493254000487**OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service **Dundations)**▶ Do not enter social security numbers on this form as it may be made public

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

mema	i Revenue servic	e				Inspection
A F	or the <b>2016</b> (	calendar year, or tax year be	ginning 01-01-2016 , and ending 12	-31-2016		
□ Ad	ck if applicable dress change me change	C Name of organization International Food Information (	Council		mployer iden 2-1439244	ntification number
	tial return	Doing business as				
□detur	n/terminated			/suite E Te	lephone numb	ber
	nended return plication pendine	1100 Connecticut Avenue NW No	o 430	(2	.02) 296-65	40
	' '	City or town, state or province, Washington, DC 20036	country, and ZIP or foreign postal code	<b>G</b> Gr	ross receipts s	\$ 4,186,689
		F Name and address of prince	cipal officer	<b>H(a)</b> Is this a gro	up return fo	<del></del> or
		GERALDINE MCCANN 1100 Connecticut Avenue NV	V No 430	subordinate		□Yes ☑No
		Washington, DC 20036		H(b) Are all subo included?	rdinates	☐ Yes ☐No
	x-exempt status	501(c)(3) <b>5</b> 01(c)(6	) ◀ (Insert no ) ☐ 4947(a)(1) or ☐ 527	· · · · · · · · · · · · · · · · · · ·	•	ee instructions)
J W	ebsite: ► N/	Α		H(c) Group exem	iption numb	er ▶
<b>K</b> Forr	n of organization	Corporation Trust I	Association ☐ Other ►	L Year of formation 1	985 <b>M</b> Sta	ate of legal domicile DC
Pa	rt I Sum	nmary				
		escribe the organization's mission				
ce	10 effecti	vely communicate science-base	ed information about food safety and nutri	tion		
Jan						
ven				5 11 250/ 5 1		
Governance			n discontinued its operations or disposed o rning body (Part VI, line 1a)			<b>3</b>   31
		-	s of the governing body (Part VI, line 1b)		<u>,</u>	4 31
Activities &	1	·	n calendar year 2016 (Part V, line 2a)			5 21
₹	<b>6</b> Total nu	mber of volunteers (estimate if	necessary)			6 0
Ac	<b>7a</b> Total un	related business revenue from i	Part VIII, column (C), line 12		7	<b>7a</b> 0
	<b>b</b> Net unre	elated business taxable income	from Form 990-T, line 34		7	<b>7b</b> 0
				Prior Yea	ar	Current Year
<u>a</u> i	8 Contribu	itions and grants (Part VIII, line	e 1h)		129,000	76,152
Rəvenue	I -	•	e 2g)	4,	,274,106	3,330,127
Ş.	1		A), lines 3, 4, and 7d )		50,582	86,564
			nes 5, 6d, 8c, 9c, 10c, and 11e)	,	585,638	348,000
			(must equal Part VIII, column (A), line 12	,	,039,326	3,840,843
	1		(X, column (A), lines 1–3 )		288,945	55,290 0
	1	paid to or for members (Part I)	e benefits (Part IX, column (A), lines 5–10	)) 3	,214,511	2,555,490
Se	1		column (A), line 11e)	, ,	0	2,333,490
Expenses		draising expenses (Part IX, column (E	• • •			
짚	1	xpenses (Part IX, column (A), lii	··	1	,678,222	1,269,757
	1		equal Part IX, column (A), line 25)	5	,181,678	3,880,537
	19 Revenue	e less expenses Subtract line 18	8 from line 12		-142,352	-39,694
Net Assets or Fund Balances				Beginning of Curi	rent Year	End of Year
Set	20 Total as	sets (Part X, line 16)		3	,022,838	2,368,026
Z Z	21 Total lia	bilities (Part X, line 26)		1	,874,638	1,279,236
ξĒ	22 Net asse	ets or fund balances Subtract li	ne 21 from line 20	1	,148,200	1,088,790
Pai	t III Sigr	nature Block				
		perjury, I declare that I have ex ef, it is true, correct, and compl				
	nowledge	er, ic is true, correct, and compl	nece bediaration of prepa			
		**				
Sign	Signa	ture of officer				
Here		LDINE MCCANN COO				
		or print name and title				
		Print/Type preparer's name Jeffrey A Smith CPA	Preparer's signature Jeffrey A Smith CPA			
D - "		somey a simula of a	senie, a sinici era			

May the IRS discuss this return with the preparer shown above? (see instru

Firm's name Burdette Smith & Bish LLC

Firm's address ► 4035 Ridge Top Road Suite 550

Fairfax, VA 220307411

Paid

Preparer

**Use Only** 

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (20	016)				Page <b>2</b>
Par	t III	Statement	of Program Service Ac	complishments		
		Check If Sched	dule O contains a response o	r note to any line in this Part III		🗆
1	Briefly		rganization's mission	•		
		communicate nd consumers	science-based information a	bout food safety and nutrition to	health professionals, government (	officials, educators,
2	Did the	e organization i	undertake any significant pro	gram services during the year w	hich were not listed on	
	the pri	or Form 990 or	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes	," describe the	se new services on Schedule	0		
3	Did the	e organization (	cease conducting, or make si	gnificant changes in how it condu	ıcts, any program	
	service	es?				🗌 Yes 🗹 No
	If "Yes	," describe the	se changes on Schedule O			
4	Section	n 501(c)(3) and		required to report the amount o	largest program services, as meas if grants and allocations to others,	
4a	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Add	ditional Data				,
4b	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Add	ditional Data				
4c	(Code		) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	See Add	ditional Data				
4d	Other	program servic	ces (Describe in Schedule O )			
	(Exper	nses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total	program serv	rice expenses ▶			
						Form <b>990</b> (2016)

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Nο

Nο

Nο

Νo

Nο

Nο

Nο

No

Nο

Nο

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No

Nο

Nο

Form **990** (2016)

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸 . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

If "Yes," complete Schedule D, Parts XI and XII

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11c

11d

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12a

12b

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14a

14h

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16

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/es

Yes

Yes

Yes

Yes

Yes

Yes

29

Part IV Checklist of Required Schedules (continued)				
		Yes	No	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20b Yes 21

Page 4

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 . . . . . .

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Nο

23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 24a

24b

24c

24d

25a

25b

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28b

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35a

35h

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Yes

Yes

Form 990 (2016)

Yes

orm	990 (2016)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	_		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	2		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<del></del>		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	70		
·	If res, to line 3a of 3b, did the organization meronin 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	<b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required ?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during	711		
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
	Section 501(c)(12) organizations. Enter  Cross unsome from members or shareholders			
	Gross income from members or shareholders	-		
U	against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		1		No
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		110

orm	990 (2016)			Page <b>6</b>						
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li							
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓						
Se	ction A. Governing Body and Management									
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31		Yes	No						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent  1b 31									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	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? .									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	Did the organization have members or stockholders?	6	Yes							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	<b>8</b> a	Yes							
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code								
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		No						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	Yes							
ь	Other officers or key employees of the organization	15b		No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
Ь	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?	166								
Ç,	ection C. Disclosure	16b								
<u> </u>	List the States with which a copy of this Form 990 is required to be filed.									
	DC									
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records  The Organization 1100 Connecticut Avenue NW No 430 Washington, DC 20036 (202) 296-6540			. /						

orm 990 (2	016)											Page <b>7</b>
Part VII	Compensation of Officers and Independent Contra		Truste	es, l	Key	En	iploy	ees	, Highest Comp	ensated Employ	ees,	
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.				<u>.                                     </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	ompensated En	nployees		
year ● List all	e this table for all persons require of the organization's <b>current</b> off ition Enter -0- in columns (D), (	icers, directors,	trustee	s (wł	neth:	er in	dıvıdu		,		-	s tax
•	of the organization's <b>current</b> key		•					fınıtı	on of "key employe	e "		
<ul> <li>List the who received</li> </ul>	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	han ar	n off	icer, director, truste	e or key employee)	1	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatio	ons .				·	·	
organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	le compensation	n from t	he or	ganı	ızatı	on and	any	/ related organizatio	ns	2	
compensate	in the following order individua d employees, and former such p	ersons										
☐ Check ti	his box if neither the organizatio	n nor any relate	d organ	nzatio	on co	omp	ensate	d ar	y current officer, di	rector, or trustee		
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	on (do not check more one box, unless person both an officer and a director/trustee)  One do not check more compensation from the organization (W-2/1090-MISC)  One do not check more compensation (W-2/1090-MISC)					(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estima amount o compens from s organizati relati	ited f other sation the on and ed	
		,	Individual trustee or director	ocnal Trustee		employee	Highest compensated employee					
See Additiona	al Data Table											

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

(E)

(F)

Yes

Yes

Yes

5

(B)

Description of services

No

Nο

(C)

Compensation

Form 990 (2016)

(B)

Name and Title	Average hours per week (list any hours					ss pers	on	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	art VII, Sectio					<b>*</b>				
d Total (add lines 1b and 1c)						▶ [		1,770,662	359,941	207,884
2 Total number of individuals (including	g but not limited	to thos	e list	ed a	bove	e) who	rec	eived more than \$10	00,000	

(A)

of reportable compensation from the organization > 7

3 line 1a? If "Yes," complete Schedule J for such individual . 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the individual . 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

5 services rendered to the organization? If "Yes," complete Schedule J for such person .

**Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

compensation from the organization ▶ 0

(A) Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part		II Statement of	Revenue								rage 9
		<del></del>		a respo	onse or note to any	line in t	hıs Part VIII				🗆
						(	A) revenue	( <b>B</b> Relate exer func	ed or npt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a				reve	nue		512-514
nts		<b>b</b> Membership dues			<u> </u>						
rai Ion		c Fundraising events			<u> </u>						
s, G Am		-		1c	<u> </u> 						
iji Is		d Related organizatio		1d	<u> </u>						
S, (		e Government grants (co		1e	<u> </u>						
Contributions, Giffs, Grants and Other Similar Amounts		f All other contributions and similar amounts n		1f	76,152						
bat the		above  9 Noncash contribution	ane included								
ĒÓ		in lines 1a-1f \$	ons included								
S S	ļ,	<b>h Total.</b> Add lines 1a-1	lf		•		76,152				
ı					Business	Code	<u> </u>				
JE P	28	MEMBERSHIP DUES				900099	3,2	94,200	3,294	,200	
á	Ł	Other Programs				541900		35,927	35	,927	
Service Revenue		: <del></del>		_							
Ę	•	d		_							
Ē	•	e ———		_							
Program	f	f All other program se	rvice revenue			l 330,127					
ΔŤ	g	J <b>Total.</b> Add lines 2a-2f	f		<b>▶</b>	550,127					
		Investment income (ii			nterest, and other		31,910				31,910
		sımılar amounts) . Income from investm			ond proceeds	<u>:</u>					32/323
				-		-					
		,	(ı) Rea		(II) Personal						
	6	a Gross rents				1					
	١,	<b>b</b> Less rental expenses				-					
		<b>D</b> 2000 Norman on posicion									
	•	c Rental income or (loss)									
	١,	<b>d</b> Net rental income o	r (loss)			-					
			(i) Securit	ies	(II) Other						
	78	Gross amount from sales of assets other than inventory	.,,	100,500							
	ı	<b>b</b> Less cost or other basis and sales expenses	3	45,846							
	•	C Gain or (loss)		54,654							
		<b>d</b> Net gain or (loss) .			<b>•</b>	]	54,654	ŀ			54,654
Other Revenue	88	a Gross income from form form formal (not including \$ contributions reported See Part IV, line 18	ed on line 1c)	of							
Re	ı	<b>b</b> Less direct expense	s	b							
ler		<b>c</b> Net income or (loss)		-	ents						
Ö	98	Gross income from g See Part IV, line 19		es							
				а							
	1	<b>b</b> Less direct expense	s	b							
		c Net income or (loss)		activit	ies <b>&gt;</b>						
	10	aGross sales of invent returns and allowand	tory, less ces	a							
	ı	<b>b</b> Less cost of goods s	sold	b							
	_	Net income or (loss)		invent							
	11	Miscellaneous			Business Code 900099		348,000	,	348,000		
	1	1areimbursement if	-IC FOU		90009		340,000		348,000		
	ı	b									
	,	с									
		d All other revenue .									
		e Total. Add lines 11a			▶		6.46 =:				
	12	<b>2 Total revenue.</b> See	Instructions				348,000				
					<b>F</b>		3,840,843	3	3,678,127		0 86,564 Form <b>990</b> (2016)

Forr	n 990 (2016)				Page <b>10</b>
	Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	55,290			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,066,071			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,172,147			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	75,825			
9	Other employee benefits	102,089			
10	Payroll taxes	139,358			
11	Fees for services (non-employees)				
ā	a Management				
ŀ	o Legal	84,445			
•	Accounting	56,283			
c	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,394			
12	Advertising and promotion				
13	Office expenses	135,924			
14	Information technology	30,264			
15	Royalties				
16	Occupancy	289,792			
17	Travel	74,775			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	94,798			
20	Interest	2,113			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,013			
23	Insurance	30,483			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a computer maintenance an	119,093			
	<b>b</b> Communication Materials	44,278			
	c Media Programs	39,493			
	d OUTREACH PROGRAMS	35,626			
	e All other expenses	111,983			
25	Total functional expenses. Add lines 1 through 24e	3,880,537			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
	<u> </u>				

	2	Savings and temporary cash investments	325,818	2	315,774
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	485,870	4	214,640
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
<del>vi</del>	7	Notes and loans receivable, net		7	

	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6		
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ø	9	Prepaid expenses and deferred charges	37,770	9	42,831		
	10a	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		925,487			
	b	Less accumulated depreciation	10b	805,700	166,456	10c	119,787
	11	Investments—publicly traded securities .	1,225,652	11	891,802		
	12	Investments—other securities See Part IV, line			12		

et	7	Notes and loans receivable, net			7				
88	8	Inventories for sale or use		8					
A	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	925,487					
	b	Less accumulated depreciation	<b>10</b> b	805,700	166,456	10c	119,787		
	11	Investments—publicly traded securities .			1,225,652	11	891,802		
	12	Investments—other securities See Part IV, line	11 .			12			
	13	Investments—program-related See Part IV, line		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11	781,272	15	783,192				

و 🏲	Prepaid expenses and deferred charges			37,770	9	42,831
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	925,487			
b	Less accumulated depreciation	10b	805,700	166,456	<b>10</b> c	119,787
11	Investments—publicly traded securities .			1,225,652	11	891,802
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	e 11    .			13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			781,272	15	783,192
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	3,022,838	16	2,368,026
17	Accounts payable and accrued expenses			527,973	17	154,970
18	Grants payable				18	

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

416.900

929.765

1.874.638

1.148.200

1,148,200

3.022.838

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

129,772

994.494

1,279,236

1.088.790

1,088,790

2.368.026

Form **990** (2016)

☐ Both consolidated and separate basis

2c

3a

3b

Yes

Nο

Form 990 (2016)

✓ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Separate basis

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

ATTENDEES ORGANIZED A SCIENCE COMMUNICATION EVENT FOR STAKEHOLDERS TO PRESENT INSIGHTS IN CONSUMER ENGAGEMENT

Software Version:

Form 990 (2016)

Form 990, Part III, Line 4a:

EVENTS. SPONSORSHIPS AND EXHIBITS PARTICIPATED IN VARIOUS CONFERENCES TO COMMUNICATE SCIENCE-BASED NUTRITION AND FOOD SAFETY INFORMATION TO

**EIN:** 52-1439244

Name: International Food Information Council



#### Form 990, Part III, Line 4b: PARTNERSHIPS INCREASED THE NUMBER OF PARTNERSHIPS WITH OUTLETS SUCH AS PANDORA, THE BUMP, AND RUNTASTIC

### INTERNATIONAL RELATIONS IFIC EXTENDED ITS REACH, RESEARCH, AND RESOURCES ON KEY ISSUES GLOBALLY BY STRENGHTENING COLLABORATIVE EFFORTS AND WORKING RELATIONSHIP WITH THE INTERNATIONAL FOOD INFORMATION ORGANIZATION NETWORK

Form 990, Part III, Line 4c:

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensate Former Individual trustee or director Key employee organizations Institutional MISC) MISC) related below dotted organizations line) Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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CHAIRMAN		_ ^			0	U	
Philippe Caradec	1 00	×	Ţ		0	0	
VICE CHAIR		^				0	
Maha Tahırı	1 00	l .	Ţ			0	
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VICE CHAIR		_ ^					
JAMES E CONLAN	1 00		x		0	0	
TREASURER		^`	^		Ĭ	Ĭ	

VICE CHAIR				,,			,	
JAMES E CONLAN	1 00	×		Х		0	0	0
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Danielle Greenberg	1 00	×		х		n	0	0
Secretary		^`		٠,		ľ	, and the second se	l

JAMES E CONLAN		×	_		0	0	
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Danielle Greenberg	1 00	×	×		0	0	
Secretary		^			J	,	
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DEANNE BRANDSTETTER	1 00	x			0	0	0
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LEIGH HORNER	1 00	×			0	0	0

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Susan Bond

Don JONES

brendan Naulty

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compense Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line)

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Joe Forsthoffer	1 00	×				0	0	
BOARD MEMBER		_ ^						
REGENA GERTH	1 00	l 🗸				0	0	
BOARD MEMBER						0	0	

REGENA GERTH	1 00	V				ا	
BOARD MEMBER		^			0		
Peter Janzen	1 00	.,					
BOARD MEMBER		X			0	"	
beth HOLZMAN	1 00	v			0	0	
board member		_ ^			١		

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Wendy JOHNSON-ASKEW

BOARD MEMBER

BOARD MEMBER

JeaNNE MURPHY

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

Karlheinz Niederreiter

Robert Post

Laura MOLSEED ALI

Peter Janzen		l <sub>x</sub>			n	0	1
BOARD MEMBER		_ ^				Ĭ	
beth HOLZMAN	1 00	×			0	0	
board member					9		
kate HOUSTON	1 00	×			0	0	

BOARD MEMBER							
beth HOLZMAN	1 00	V			0	0	0
board member		^			0	0	0
kate HOUSTON	1 00	V			0	0	0
BOARD MEMBER		_ ^				0	0
Wandy JOHNSON-ASKEW	1 00						

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099-Highest complemental employee organization and Individual trustor director Former key employed Institutional MISC) organizations MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

			Tustee	100	ensated			
Naomi STEVENS	1 00	x				0	0	
BOARD MEMBER		^						
Elinore White	1 00	х				0	0	
board member		_ ^						
Enrico Cademartiri	1 00							

board member							
Enrico Cademartiri	1 00						
BOARD MEMBER		X			0	0	
Joe Kelsay	1 00	V					
Board Member		X			U	O .	
Ronald McDermott	1 00						

1 00

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Maureen Conway

Board Member

Board Member

Cheryl Hilling

Board Member

Wamwari Waichungo

At-LARGE EXECUTIVE COMMITT

At-LARGE EXECUTIVE COMMITT

Russell Dver

Jean Heggie

Doe Kelsay	BOARD MEMBER					_	_	
Board Member         1 00           Ronald McDermott         X           0 0	•	1				0	0	
X   0   0							Ů	
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BOARD MEMBER							
Joe Kelsay	1 00	×			0	0	
Board Member						Ţ.	
Ronald McDermott	1 00	×			0	0	
Board Member						ŭ	

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compense employee Former Individual trustee or director key employee Institutional organizations MISC) MISC) related below dotted organizations line) Truste

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

			न		ated			
Eric Slabaugh	1 00	l 🗸				0	0	
BOARD MEMBER		_ ^				U	0	
Joseph Clayton	19 00			x		186,450	40,928	
PRESIDENT & CEO	4 00			^		100,430	40,520	
Geraldine McCann	43 00			×		224,411	24,934	
CHIFF OPERATING OFFICER	F 00			^		224,411	24,934	

Geraldine McCann	45 00		v			224.411	24,934	
CHIEF OPERATING OFFICER	5 00		^			224,411	24,954	
KIMBERLY REED	27 00			x		204,477	75,628	
SR VICE PRESIDENT	10 00			^		201,177	, 3,020	
ANDREW BENSON	0 00							

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0 00 23 00

17 00 33 00

> 7 00 0 00

> 0 00

Senior Manager, Operations

Senior DIRECTOR, Communica

Matthew Raymond

Silvia Dumitrescu

David Schmidt

Former CEO

Senior VP

		I	ı x ı		ı		1 224.4111	24,934	
CHIEF OPERATING OFFICER	5 00		,,					21,33	
KIMBERLY REED	27 00			V			204,477	75,628	
SR VICE PRESIDENT	10 00			^			204,477	73,026	
ANDREW BENSON	0 00						0	120,805	
		l			I ^	l	l "	120,805	

KIMBERLY REED	27 00		×		204.477	75.628	35 <i>.</i> 194
SR VICE PRESIDENT	10 00		^		204,477	73,020	33,134
ANDREW BENSON	0 00			v	0	120,805	23,359
VP INTERNATIONAL RELATIONS	4 00			^	J	120,003	23,333

	10 00						
ANDREW BENSON	0 00						_
	•••••			Х	0	120,805	23,359
VP INTERNATIONAL RELATIONS	4 00						
ANTHONY FLOOD	39 00						
				x	125,576	6,609	20,962

50,989

35,330

21,847

20,203

0

0

ANDREW BENSON				_	0	120,805	23,359
VP INTERNATIONAL RELATIONS	4 00			^	0	120,803	23,339
ANTHONY FLOOD	39 00						
				х	125.576	6.609	20.962
SENIOR DIRECTOR	2 00			.,	120,070	0,003	23,302

VP INTERNATIONAL RELATIONS	4 00						
ANTHONY FLOOD	39 00						
				X	125,576	6,609	20,962
SENIOR DIRECTOR	2 00						
Stephanie Ferguson	40 00						

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103,769

83,268

154,559

688,152

57,865

33,172

0

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493254000487

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

**SCHEDULE C** (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization International Food Information Council 52-1439244 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No

If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

3 5

Schedule C (Form 990 or 990-EZ) 2016

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

**Supplemental Financial Statements** 

(Form 990)

1 2

3

5

	m 990)	Supple	mental Financia	I Statements		2016
	tment of the Treasury		the organization answere 8, 9, 10, 11a, 11b, 11c, 1 ▶ Attach to Form 99	.1d, 11e, 11f, 12a, o		2016 Open to Public
	al Revenue Service	Information about Schedule			.irs.gov/form990	
	me of the organ				Employer ider	ntification number
Tirec					52-1439244	
Pa		zations Maintaining Donor te if the organization answere			or Accounts.	
	•		(a) Donor advised fu	·	(b)Funds and	other accounts
1	Total number	at end of year				
2	Aggregate valı year)	ue of contributions to (during				
3	Aggregate valu	ue of grants from (during year)				_
4	Aggregate valu	ue at end of year				
5	funds are the or	ation inform all donors and donor ganization's property, subject to	the organization's exclusive	legal control?		☐ Yes ☐ No
6	used only for ch	ation inform all grantees, donors, iaritable purposes and not for the rmissible private benefit?				☐ Yes ☐ No
Pa	tilli Conser	vation Easements. Complet	e if the organization ans	wered "Yes" on For	rm 990, Part IV,	line 7.
1	Purpose(s) of co	onservation easements held by th	e organization (check all tha	at apply)		
	☐ Preservation	on of land for public use (e g , red	reation or education)	Preservation of a	n historically impoi	rtant land area
	☐ Protection	of natural habitat	[	$\square$ Preservation of a	certified historic s	tructure
	Preservation	on of open space				
2		2a through 2d if the organization e last day of the tax year	held a qualified conservation	n contribution in the fo		on the End of the Year
а	Total number of	conservation easements			2a	
b	Total acreage re	stricted by conservation easemer	ts		2b	
c	Number of conse	ervation easements on a certified	historic structure included in	n (a)	2c	
d		ervation easements included in (c n the National Register	) acquired after 8/17/06, ar	id not on a historic	2d	
3	Number of cons tax year ►	ervation easements modified, tra 	nsferred, released, extinguis	shed, or terminated by	y the organization (	during the
4	Number of state	es where property subject to cons	ervation easement is located	d <b>▶</b>		
5		zation have a written policy regar at of the conservation easements		յ, ınspection, handling	g of violations,	☐ Yes ☐ No
6	Staff and volunt	eer hours devoted to monitoring,	inspecting, handling of viol	ations, and enforcing o	conservation easen	nents during the year
7	Amount of expe  ▶ \$	nses incurred in monitoring, inspi	ecting, handling of violations	s, and enforcing conse	ervation easements	during the year
8	Does each conso and section 170	ervation easement reported on lir i(h)(4)(B)(ii)?	ne 2(d) above satisfy the rec	uirements of section :	170(h)(4)(B)(ı)	☐ Yes ☐ No
9	balance sheet, a	scribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to the organ			
Par		zations Maintaining Collecte of the organization answers			her Similar Ass	sets.
1a	art, historical tre	on elected, as permitted under S easures, or other similar assets h XIII, the text of the footnote to it	eld for public exhibition, edu	ication, or research in	furtherance of pub	
Ь	historical treasu	ion elected, as permitted under S ires, or other similar assets held f nts relating to these items				

DLN: 93493254000487 OMB No 1545-0047

Total acre	age restricted by conservation easements	2b			
Number o	f conservation easements on a certified historic structure included in (a)	2c			
Number o	f conservation easements included in (c) acquired after 8/17/06, and not on a historic listed in the National Register	2d			
Number o tax year	of conservation easements modified, transferred, released, extinguished, or terminated by	the or	ganızatı	on during th	e
Number	of states where property subject to conservation easement is located <b>&gt;</b>				
	organization have a written policy regarding the periodic monitoring, inspection, handling cement of the conservation easements it holds?	of viol	ations,	☐ Yes	□ No
Staff and	volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conserv	atıon ea	sements dui	ing the year
Amount o	of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	rvation	easeme	nts during t	ne year
	h conservation easement reported on line $2(d)$ above satisfy the requirements of section 1 on $170(h)(4)(B)(u)^2$	L70(h)(	4)(B)(ı)	_	_
and Secti	on 170(II)(4)(B)(II),			☐ Yes	☐ No
In Part X balance s	in 170(11)(4)(6)(11)?  III, describe how the organization reports conservation easements in its revenue and expended heet, and include, if applicable, the text of the footnote to the organization's financial state its accounting for conservation easements			, and	□ No
In Part X balance s the orgar	III, describe how the organization reports conservation easements in its revenue and expe heet, and include, if applicable, the text of the footnote to the organization's financial stat	ement	that de	, and escribes	□ No
In Part Xi balance s the organ rt IIII O C If the organ art, histo	III, describe how the organization reports conservation easements in its revenue and expenses, and include, if applicable, the text of the footnote to the organization's financial states it accounting for conservation easements  rganizations Maintaining Collections of Art, Historical Treasures, or Otle	her Si	milar A	, and escribes  Assets.  alance sheet	works of
In Part X balance s the orgar  IIII O C  If the orgart, histo provide,  If the orghistorical	III, describe how the organization reports conservation easements in its revenue and expense, and include, if applicable, the text of the footnote to the organization's financial statization's accounting for conservation easements  rganizations Maintaining Collections of Art, Historical Treasures, or Otlemplete if the organization answered "Yes" on Form 990, Part IV, line 8.  anization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue strical treasures, or other similar assets held for public exhibition, education, or research in	ner Si atemei further	milar A  nt and ba ance of	, and sscribes  Assets.  alance sheet public service sheet wo	works of e, rks of art,
In Part X balance s the organ  If the organt, histo provide, If the organt historical following	III, describe how the organization reports conservation easements in its revenue and expense, and include, if applicable, the text of the footnote to the organization's financial statistication's accounting for conservation easements  rganizations Maintaining Collections of Art, Historical Treasures, or Otlemplete if the organization answered "Yes" on Form 990, Part IV, line 8.  anization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue strical treasures, or other similar assets held for public exhibition, education, or research in n Part XIII, the text of the footnote to its financial statements that describes these items anization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater treasures, or other similar assets held for public exhibition, education, or research in further	ner Si atemei further	milar A  nt and ba ance of	, and sscribes  Assets.  alance sheet public service sheet wo	works of e, rks of art,
In Part X balance s the organ rt IIII OC CI  If the organt, histor provide, If the organ historical following  (i) Revenue	(III, describe how the organization reports conservation easements in its revenue and expenses, and include, if applicable, the text of the footnote to the organization's financial statistication's accounting for conservation easements  rganizations Maintaining Collections of Art, Historical Treasures, or Otlemplete if the organization answered "Yes" on Form 990, Part IV, line 8.  anization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue strical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items anization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater treasures, or other similar assets held for public exhibition, education, or research in furth amounts relating to these items	ner Si atemei further	milar A  nt and ba ance of	, and sscribes  Assets.  alance sheet public service sheet wo	works of e, rks of art,
In Part X balance s the organ rt III O C C C C C C C C C C C C C C C C C	III, describe how the organization reports conservation easements in its revenue and expenheet, and include, if applicable, the text of the footnote to the organization's financial statistation's accounting for conservation easements  rganizations Maintaining Collections of Art, Historical Treasures, or Otlomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  anization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue strical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items anization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater treasures, or other similar assets held for public exhibition, education, or research in furth amounts relating to these items  included on Form 990, Part VIII, line 1	her Si tatemen further ment an	milar Ant and balance of and balance of published by \$	, and escribes Assets. alance sheet public service ce sheet wo ic service, p	works of e, rks of art,
In Part X balance s the orgar IIII O C C C C C C C C C C C C C C C C	III, describe how the organization reports conservation easements in its revenue and expenses, and include, if applicable, the text of the footnote to the organization's financial statistication's accounting for conservation easements  rganizations Maintaining Collections of Art, Historical Treasures, or Otlemplete if the organization answered "Yes" on Form 990, Part IV, line 8.  anization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue strical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items anization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater treasures, or other similar assets held for public exhibition, education, or research in furth amounts relating to these items  included on Form 990, Part VIII, line 1  cluded in Form 990, Part X  anization received or held works of art, historical treasures, or other similar assets for final	her Si tatemen further ment an	milar Ant and balance of and balance of published by \$	, and escribes Assets. alance sheet public service ce sheet wo ic service, p	works of e, rks of art,

l al	4111	Organizations Ma	aintaining Coi	iections o	T AFT, H	istori	cai ir	easu	res, or	Otner	Similar A	<u>ssets (</u>	continue	a)
3		g the organization's acq s (check all that apply)	juisition, accessior	n, and other	records,	check a	ny of	the fol	llowing th	nat are a	significant i	use of its	s collection	on
а		Public exhibition				d		Loan	or excha	nge prog	rams			
b		Scholarly research				e		Other						
С		Preservation for future	e generations											
4	Provi Part )	de a description of the		lections and	explain h	ow the	y furth	er the	organiza	ation's ex	empt purpo	se in		
5	Durin	ng the year, did the orgons is to be sold to raise fur									ılar	□ Ye	es 🗆	No
Pai	t IV	Escrow and Cust Complete if the ord X, line 21.			' on Forr	n 990,	, Part	IV, lıı	ne 9, or	reporte	d an amou	unt on I	Form 99	0, Part
1a		e organization an agent ded on Form 990, Part I		an or other I	ntermedia	ary for	contrib	outions	s or othe	r assets	not	☐ Ye	es 🗆	No
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table				Δ	mount		
С		nning balance		,		,			F	1c				
d	_	ions during the year							F	1d				
е	Dıstrı	ibutions during the year	r							1e				
f	Endır	ng balance								1f				
<b>2</b> a		he organization include	an amount on Fo	rm 990, Par	t X, line 2	1, for e	escrow	or cu	stodial ad	count lia	ıbılıty?	Y€		No
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check here	if the ex	planati	on has	been	provided	in Part )	KIII		_	
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organı	zation a	nswer	ed "Ye	es" or	Form 9	990, Par	t IV, line 1	LO.		
				(a)Current	t year	<b>(b)</b> Pr	ior year	-	<b>(c)</b> Two ye	ars back	(d)Three ye	ars back	(e)Four	years back
	_	ning of year balance .						_						
b	Contrib	butions												
С	Net inv	vestment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie ograms	es											
f	Admını	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated perce	ntage of the curre	ent year end	balance (	(line 1g	, colur	nn (a)	) held as	;				
а	Board	d designated or quasi-e	endowment 🟲											
b	Perm	anent endowment 🕨												
С	Temp	oorarily restricted endov	wment <b>&gt;</b>											
		percentages on lines 2a		ld equal 100	)%									
3а		here endowment funds nization by	not in the posses	sion of the c	organizati	on that	are he	eld and	d adminis	stered fo	r the		Υe	s No
	<b>(i)</b> ur	nrelated organizations					•						a(i)	
Ь		elated organizations .es" on 3a(ii), are the rel		 Is listed as re	 equired o	 n Sche	 dule R	, .				_	a(ii) 3b	
4	Desci	ribe in Part XIII the inte	ended uses of the	organızatıor	n's endow	ment f	unds						•	
Pai	rt VI													
	Descri	Complete If the ordinate of the construction of property	ganization answ (a) Cost or oth (investme	er basıs	on Form ( <b>b)</b> Cost o						m 990, Pai		e 10. (d)Book v	alue
1a	Land													
b	Buildin	ngs												
c	Leaseh	nold improvements					31	5,817			229,235			86,582
d	Equipn	nent					60	9,670			576,465			33,205
е	Other													
		lines 1a through 1e (Co	olumn (d) must e	aual Form 9	On Bart V	colun	an (B)	lino 1	10(c) )					110 707

(4) Description of accurry or capagory (19) acok (2) Weeke of the Justice (19) Interest (19) accurate the security of acc	Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	rganization ans	wered 'Yes' on F	Form 990, Part IV, line 11b.
	(a) Description of security or category			
(3)   (3)   (4)   (3)   (4)	(1)Financial derivatives		003.	or one or year market raise
		· ·		
C	(A)			
ES   Colore (5) must equal form \$90, Not X, cal (9) like \$12	(B)			
(6) (7) (8) (9) Treats (Course (s) must equal form 990, Nor X, and (8) mos (7) To a serior (s) must equal form 990, Nor X, and (8) mos (7) To a serior (s) must equal form 990, Nor X, and (8) mos (7) To a serior (s) must equal form 990, Nor X, and (8) mos (7) To a serior (s) must equal form 990, Nor X, and (8) mos (7) To a serior (s) must equal form 990, Nor X, and (8) line (1) To a serior (s) lin	(C)			
Fig.	(D)			
(6) (7) Table (Column (2) must equal form 980, Part X, Los (18) into 13)  Table (Column (2) must equal form 980, Part X, Los (18) into 13)  (9) Table (Column (2) must equal form 980, Part X, Los (18) into 13)  Table (Column (2) must equal form 980, Part X, Los (18) into 13)  (9) Table (Column (2) must equal form 980, Part X, Los (18) into 13)  (9) Table (Column (2) must equal form 980, Part X, Los (18) into 13)  (1) DE FIRST PLORIBATION (3) DEFERRED CONFERRATION PAYABLE (4) (5) (6) (7) (8) (9) Table (Column (2) must equal form 980, Part X, Los (18) into 13) (9) Table (Column (2) must equal form 980, Part X, Los (18) into 13) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 13) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (2) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (3) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (4) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (9) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (9) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (1) Table (Column (2) must equal form 980, Part X, Los (18) into 15) (2) Table (Column (2) must equal	(E)			
Track Colorer (2) work state from 200. Part X, or (5) the 22	(F)			
Testal. (Column (2) must equal Form 990, Part X, col (8) line 12)  Part VIII  Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation (c) or enc-et-year market value (1)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Testal. (Column (3) must equal from 990, Part X, orl (8) line 12)  Part XI Other Assets, Complete ("the organization answered Test" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (1) DE FROM ITES CONDITION (2) DEPOSITS RECEIVABLE (3) DEPOSITS RECEIVABLE (3) DEPOSITS RECEIVABLE (3) DEPOSITS RECEIVABLE (4) See Form 990, Part X, line 25  (5)  (6)  (7)  (8)  (9)  Testal. (Column (b) must equal from 990, Part X, col (8) line 15)  Testal. (Column (b) must equal from 990, Part X, line 25  (a) Description of investing answered Yes" on Form 990, Part IV, line 11e or 11f.  (b) Book value  (c) Pethod of value and Form 990, Part X, line 25  (b) Book value (c) Part IV, line 11e or 11f.  (c) Description of investing answered Yes" on Form 990, Part IV, line 11e or 11f.  (a) Description of investing answered Yes" on Form 990, Part IV, line 11e or 11f.  (b) Book value  (c) Pethod of value and Form 990, Part X, col (8) line 15)  Part XI Other Liabilities. Complete if the organization answered Yes" on Form 990, Part IV, line 11e or 11f.  (a) Description of investing answered Yes" on Form 990, Part IV, line 11e or 11f.  (b) Book value  (c) Part XI IV	(G)			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IX, line 13.	(H)			
See Form 390, Part X, Jine 13.		*		
(a) Description of investment (b) Sook value Cost or end-of-year market value  (c) (c) (d) (d) (d) (d) (d) (e) (e) (f) (e) (f) (f) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		organization an	swered 'Yes' on	Form 990, Part IV, line 11c.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (b) line 13 )  Part XI Other Assets. Complete fit be organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description (b) Book value (1) DUE FROM JETIC FOUNDATION (2) DESCRIPTION (3) DEFERRED COMPENSATION (3) (3) (4) (3) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (b) line 15 )  Total. (Column (b) must equal Form 990, Part X, col (b) line 15 )  Total. (Column (b) must equal Form 990, Part X, col (b) line 15 )  DEFERRED COMPENSATION PAYABLE (3) DEFERRED COMPENSATION PAYABLE (4) DESCRIPTION See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Federal income taxes  DEFERRED COMPENSATION PAYABLE (c) Federal income taxes  DEFERRED COMPENSATION PAYABLE (d) Federal income taxes  10,206  DEFERRED COMPENSATION PAYABLE		(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) most equal Form 990, Part X, col (b) line 13) Part IV Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 13 See Form 990, Part X, line 15 (2) DEPOSITS RECEIVABLE (3) DEFERRED COMPENSATION (3) See Form 990, Part X, col (c) line 15) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (d) line 15) See Form 990, Part X, line 25. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Federal income taxes  DEFERRED COMPENSATION PAYABLE (1) Federal income taxes  DEFERRED COMPENSATION PAYABLE (3) Geographic of liability (b) Book value (c) Federal income taxes  DEFERRED COMPENSATION PAYABLE (c) Form 990, Part X, line 25. (c) Form 990, Part X, line 25. (d) Book value (d) Federal income taxes  DEFERRED COMPENSATION PAYABLE (d) Federal income taxes  DEFERRED COMPENSATION PAYABLE (d) Form 990, Part X, col (d) line 25) (e) (f) Form 990, Part X, line 25. (f) Federal income taxes  DEFERRED COMPENSATION PAYABLE (d) Federal income taxes  DEFERRED COMPENSATION PAYABLE	(1)			
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(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) (9) Description (9) Descr	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Assetts. Complete if the organization answered "Yes on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (c) DEPOSITS RECEIVABLE (d) DESCRIPTION (d) 36,002 (d) (d) (d) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(4)			
(6) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value (1) DUE FROM IPIC FOUNDATION (a) Description (b) Book value (1) DUE FROM IPIC FOUNDATION (a) Description (b) Book value (1) DUE FROM IPIC FOUNDATION (b) Book value (1) Part XX Other Assets (b) Book value (1) Part XX Other Assets (c) Book value (1) Part XX Other Liabilities. Complete if the organization enswered "Yes" on Form 990, Part XV, line 11e or 11f.  See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes  DEFERRED COMPENSATION PAYABLE 36,002  DUE TO IFIC FOUNDATION 734,599  CAPITAL LEASE 10,206  DEFERRED RENT 213,687 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 994,494  2. Liability for uncertain tax positions In Part XIII, provide the text of the foornote to the organizations francial statements that reports the	(5)			
(6)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part X, line 15 (b) Book value  (1) DUE FROM IPIC FOUNDATION (2) DESCRIPTION (3) DEFERRED COMPENSATION (3) (3) (4)  (4)  (5)  (6)  (7)  (6)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	(6)			
Total. (Column (b) must equal Form 990, Part X, col (b) line 13	(7)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)   Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(8)			
Part IX   Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (c) DUE FROM IFIC FOUNDATION 729,755 (2) DEPOSITS RECEIVABLE 17,435 (3) DEFERRED COMPENSATION 36,002 (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(9)			
(a) Description (b) Book value (c) DEPOSITS RECEIVABLE 17,435 (3) DEFERRED COMPENSATION 36,002 (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) Fact   10   10   10   10   10   10   10   1		<b>•</b>	. 7)	5 000 D 1 V 1 45
(2) DEPERRED COMPENSATION 36,002 (3) 36,002 (4) 55 (6) (7) (8) (9) (9) (9) (9) (10) Form 990, Part X, col (B) line 15)	(a) Description	s on Form 990, Pa	art IV, line IId S	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (β) line 15.)				729,755 17,435
(4) (5) (6) (7) (8) (9) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				36,002
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(4)			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(5)			
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	(6)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(7)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(8)			
Part X See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  DEFERRED COMPENSATION PAYABLE  DEFERRED COMPENSATION PAYABLE  DEFERRED RENT  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  Part X, line 25.  (b) Book value  (b) Book value  (c) Book value  36,002  DUE TO IFIC FOUNDATION  734,599  CAPITAL LEASE  10,206  (6)  (7)  (8)  99  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  994,494  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  DEFERRED COMPENSATION PAYABLE 36,002  DUE TO IFIC FOUNDATION 734,599  CAPITAL LEASE 10,206  DEFERRED RENT 213,687  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 994,494  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) .			. ► 783,192
1. (a) Description of liability (b) Book value  (1) Federal income taxes  DEFERRED COMPENSATION PAYABLE  DUE TO IFIC FOUNDATION  734,599  CAPITAL LEASE  10,206  DEFERRED RENT  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  • 994,494  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		vered 'Yes' on Fo	orm 990, Part I'	V, line 11e or 11f.
DEFERRED COMPENSATION PAYABLE  36,002  DUE TO IFIC FOUNDATION  734,599  CAPITAL LEASE  10,206  DEFERRED RENT  213,687  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  994,494  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(b) E	Book value	
DUE TO IFIC FOUNDATION  734,599  CAPITAL LEASE  10,206  DEFERRED RENT  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  • 994,494  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) rederal income taxes			
CAPITAL LEASE  DEFERRED RENT  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	DEFERRED COMPENSATION PAYABLE		36,002	
DEFERRED RENT  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  213,687  994,494	DUE TO IFIC FOUNDATION		734,599	
DEFERRED RENT  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  213,687  994,494	CAPITAL LEASE		10.206	
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (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				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (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			213,007	
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (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	(6)			
(9)  Total. (Column (b) must equal Form 990, Part X, col (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	(7)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   ▶ 994,494  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	994,494	
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Schedule D (Form 990) 2016

2e

3

Page 4

## Part XII 1 Total expense

Donated services and use of facilities .

Other (Describe in Part XIII ) . . .

Add lines 2a through 2d . . . . .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Recoveries of prior year grants . . .

		_
t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yo		
Total expenses and losses per audited financial statements		
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities	2a	
Prior year adjustments	2b	
Other losses	2c	
Other (Describe in Part XIII )	2d	
Add lines 2a through 2d		
Subtract line <b>2e</b> from line <b>1</b>		
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII )	4b	
Add lines <b>4a</b> and <b>4b</b>		
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . .

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . . .

	4b			
			4c	
2)			5	
		tements With Exper Form 990, Part IV, lir		
			1	
	2a			
	2b		]	
	2c		]	
	2d		]	
			2e	
			3	
	4a			
	4b			
			4c	
18	) .		5	
٦d ،	4 Part	IV lines 1b and 2b		

es per Return.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2h

2c 2d

4a

chedule D (Form 990) 20	Page <b>5</b>		
Part XIII Supple	mental Info	ormation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2016

## Additional Data

Software ID: Software Version:

**EIN:** 52-1439244

Name: International Food Information Council

ONCLUDED THAT THE COUNCIL HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE COUNCIL IS NO LONGER S UBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR

Supplemental Information

Explanation
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Part X, Line 2 THE COUNCIL IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE COUNCIL'S EXEMPT PUR POSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE COUNCIL DID NOT HAVE ANY UNRELATED BUSINESS INCOME MANAGEMENT HAS EVALUATED THE TAX POSITION OF THE COUNCIL AND C

Return Reference

YEARS PRIOR TO 2013

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DLI	N: 934932540	000487
Schedule I (Form 990)  Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Department of the Treasury Internal Revenue Service  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .								2016 Open to Public Inspection	
Name of the organization International Food Informa	ition Council						ployer identifica -1439244	ation number	
Part I General In	formation on Grants	and Assistance				1 32	1137277		
the selection criteria  Describe in Part IV t  Part II Grants and C	n maintain records to subsused to award the grants he organization's procedur Other Assistance to Dom more than \$5,000 Part II	or assistance? es for monitoring the us estic Organizations ai	e of grant funds in the United Domestic Governmen	ited States		·	0, Part IV, line	✓ Yes 21, for any recip	□ <b>No</b>
(a) Name and address organization or government	s of (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of h assistance	(h) Purpose or assistance	_
(1) INTERNATIONAL FOOD INFORMATION COUNCIL FOUNDATION 1100 CONNECTICUT AVE NW SUITE 430 WASHINGTON, DC 2003	NUE	501(C)(3)	55,290		N/A	N/A		See Part IV	
	of section 501(c)(3) and go of other organizations listed		listed in the line 1 table .				. <b>.</b>		
For Paperwork Reduction Ad	ct Notice, see the Instruction	ns for Form 990.		Cat No 50055	P		Scho	edule I (Form 990	)) 2016

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
)					
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	edule J	C	ompensati	ion In	formation	OI	ИВ No	1545-0	0047
`	n 990) tment of the Treasury	► Complete if the org	Compensa ganization answ ► Attach	ted Emp ered "Yo to Form	es" on Form 990, Part I	V, line 23.	<b>2</b> (		
Interna	al Revenue Service		www.irs.				Insp	ectio	n
	ne of the organiza rnational Food Infort					Employer identifica	tion nu	ımber	
						52-1439244			
Pa	rt I Questi	ons Regarding Compensa	ition						
1a		opiate box(es) if the organizatio ection A, line 1a Complete Part						Yes	No_
		s or charter travel		Housing	allowance or residence fo	r personal use			
	_	companions		Paymen	ts for business use of pers	onal residence			
		nification and gross-up payment			r social club dues or initia				
	☐ Discretion	nary spending account		Persona	l services (e g , maid, chai	uffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab				ment or reimbursement	1b		
2		ation require substantiation prio ees, officers, including the CEO/l					2		
3	organization's C	If any, of the following the filing EO/Executive Director Check a d organization to establish com	Il that apply Don	not check	any boxes for methods				
	☐ Compens	ation committee	✓	Written	employment contract				
	☐ Independe	ent compensation consultant	✓	Compen	sation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approva	I by the board or compens	sation committee			
4	During the year related organiza	, did any person listed on Form ation	990, Part VII, Sec	ction A, Ii	ne 1a with respect to the	filing organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?				4a	Yes	
b	Participate in, o	r receive payment from, a supp	lemental nonquali	ıfıed retır	ement plan?		4b	Yes	
С	•	r receive payment from, an equ of lines 4a-c, list the persons an			-	art III	4c		No
5	For persons liste	), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Section ontingent on the revenues of							
а	The organization	n?					5a		
b	Any related orga						5b		
_	•	5a or 5b, describe in Part III							
6	compensation co	ed on Form 990, Part VII, Section ontingent on the net earnings o		the organ	ization pay or accrue any				
a	The organization						6a		
b	Any related orga	anization? 6a or 6b, describe in Part III					6b		
7	For persons liste	ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye			ization provide any non-fi	xed	7		
8	Were any amou	nts reported on Form 990, Part nitial contract exception describe	VII, paid or accur	red pursu			8		
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presump	tion procedure described i	n Regulations section	9		
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	rm 990.	Cat No.	50053T Schedule J	(Form	1990)	2016

(A) Name and Title

(F) Compensation in

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(B) Breakdown of W-2 and/or 1099-MISC compensation

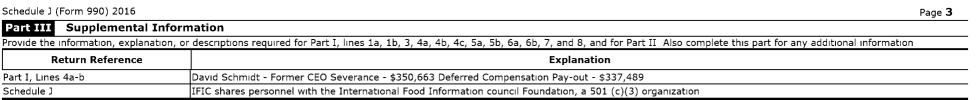
instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(C) Retirement and

(D) Nontaxable

(E) Total of columns

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 Joseph Clayton PRESIDENT & CEO	(i)	139,361	46,750	339	36,000	14,989	237,439	0	
	(ii)	40,928	0	0	0	0	40,928	0	
2 Geraldine McCann CHIEF OPERATING OFFICER	(i)	209,311	14,000	1,100	23,085	12,245	259,741	0	
	(ii)	24,934	0	0	0	0	24,934	0	
3 KIMBERLY REED SR VICE PRESIDENT	(i)	193,641	10,608	228	26,780	8,414	239,671	0	
	(ii)	75,628	0	0	0	0	75,628	0	
4 ANTHONY FLOOD SENIOR DIRECTOR	(i)	113,591	8,500	3,485	12,020	8,942	146,538	0	
	(ii)	6,609	0	0	0	0	6,609	0	
<b>5</b> Matthew Raymond Senior DIRECTOR,		72,260	8,000	3,008	12,985	7,218	103,471	0	
Communica	(ii)	57,865	0	0	0	0	57,865	0	
<b>6</b> Silvia Dumitrescu Senior VP	(i)	149,097	5,000	462	0	0	154,559	0	
School VI	(ii)	33,172	0	0	0	0	33,172	0	
7 David Schmidt Former CEO	(i)	0	0	688,152	0	0	688,152	0	
7 07.1110.1 02.0	(ii)	0	0	0	0	0	0	0	
See Additional Data Table							1		
							Schedule	J (Form 990) 2016	



Schedule J (Form 990) 2016

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN	i: 93493254000487					
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional infor  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its  www.irs.gov/form990.	n for responses to specific questions on provide any additional information. Form 990 or 990-EZ.  The provide any additional information of the provide any additional information.  Form 990 or 990-EZ, or 990 or 990-EZ or 990-E						
	anization Information Council  e O, Supplemental Information	<b>Employer iden</b> 52-1439244	tification number					
Return Reference	Explanation							
Form 990, Part VI, Section A, line 1	The board of directors shall establish an executive committee of the Association co of the chair, vice chairs, secretary, treasurer, and up to nine additional directors. Be een meetings of the board of directors, the executive committee shall have such po the board of directors to transact the business and routine affairs of the Association may be delegated by the board of directors pursuant to section 2(A) of this article, of the that all transactions must be reported in full at the next regularly scheduled meeting the board of directors. No lobbying activities shall be undertaken or performed by association without the prior approval of the executive committee or the board of directors.	ttw wers of as excep g o the A						

990 Schedule O, Supplemental Information

Return Reference	Explanation	
Form 990, Part VI, Section A, Iine 6	The members of the Association shall consist of companies with food and food related sales , companies, such as packaging or equipment suppliers, service providers, design firms, in spection/testing organization, and canning/bottling companies, with an interest in nutriti on and food safety issues, and non-industry organizations, such as research institutions, foundations, and associations, with an interest in nutrition and food safety issues. All m embers shall subscribe to the articles of incorporation and bylaws, support the purpose, m ission and vision of the Association, and agree to all conditions of membership establishe d by the board of directors.	

Return Explanation

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section B,
Inne 11b

The Form 990 is prepared by an independent accounting firm and a draft is sent to the Orga
nization's management team to review. The management team reviews the 990 draft, as well a
s the Organization's legal counsel. A copy of the 990 is sent to each director via e-mail,
requesting them to review and submit comments. If any, prior to filing

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Each new board member receives a conflict of interest statement. The board of directors ar e required to complete a conflict of interest statement annually. If an individual has a conflict of interest or potential conflict of interest in connection with any IFIC transact ion or matter, he or she must immediately notify the president and CEO, or Chair, and disclose all the material facts concerning the actual or potential conflict of interest and his or her relationship to the transaction or matter at issue. If the conflict of interest a rises in connection with the activities of any deliberative body (e.g. the board of direct ors), the individual with the conflict must immediately disclose the conflict to the other members of the body and the individual must not participate in the deliberation, consider ation or vote on the transaction or matter at issue. A notation must be made in the minute so f any meeting at which deliberation, consideration or vote on the transaction or matter at issue is undertaken indicating that the individual with a conflict or potential conflict of interest was excused from the meeting during the time that consideration of the transaction or matter was undertaken, took no part in any discussion pertaining to the transaction or matter and refrained from voting on the transaction or matter. IFIC has instituted a conflict of interest policy under which each of the following categories of individuals will be required on an annual basis to sign and submit a conflict of interest policy stat ement to the president and CEO, or senior vice president, finance and administration (1) board of directors, (2) officers, (3) staff, and (4) other specific appointees as designat ed by the president and CEO or the board of directors. The president and CEO shall maintain and annually update a file of mandatory disclosure statements signed by each above-named individual

Return Explanation

Form 990,
Part VI,
Section B,
line 15a

President & CEO compensation is reviewed by the executive committee at each annual meeting
The President & CEO determines or makes recommendations to the executive committee on th
e compensation for other key employees 2016 was the most recent year in which the process
included review and approval by independent persons, comparability data, and contemporane
ous substantiation of the deliberation and decision

990 Schedule O. Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reference

INCICIONOC	
Form 990, Part VI,	The Association does not make its governing documents, conflict of interest policy, nor its financial statements available to the public
Section C,	
line 19	

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Difference between GAAP and TAX realized gain -40,711 Part XI, line

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493254000487 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization International Food Information Council 52-1439244 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax	<b>izations</b> Complete year.	ıf the orgaı	nization a	nswered "	Yes" on F	orm 990,	, Part IV	, line 34 be	cause	it had one or	more	
(a) Name, address, and EIN of related organization	(b Primary a	) activity	Legal dom or foreign	ıcıle (state	(d Exempt Cod	) de section	Public o	(e) harity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) co	512(b) ntrolled ity?
(1)INTERNATIONAL FOOD INFORMATION COUNCIL FOUNDATION 1100 CONNECTICUT AVENUE NW 430	PUBLIC EDUCA	TION	D	oC .	501(c)(3)		Line 7		N/A		Yes	No No
WASHINGTON, DC 20036 52-1709212		PUBLIC EDUCATION							IN/A			

Name, address, and EIN of related organizations Taxable as a Corporation or Trust Complete if the organization and EIN of related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organizations  Name, address, and EIN of related organization  Related organization  (b) Leg	one or more related organizations	nizations Taxable as a l s treated as a partnership	Partnership during the ta	Complet ax year.	te if the org	janization ans	swered "Ye	es" on Form	990,	Part I\	V, line 34 b	ecau	se it h	ıad
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.    A	<b>(a)</b> Name, address, and EIN related organization	of	Primary	Legal domicile (state or foreign	Direct controlling	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total incom	Share of e end-of-year	Disprop	rtionate	Code V-UBI amount in box 20 of Schedule K-1	Gene man part	ral or aging	<b>(k)</b> Percentage ownership
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  Share of total (Share of total ownership ownership)  (c)  Share of total ownership ownership ownership ownership ownership entity						514)			Yes	No		Yes	No	
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Direct controlling entity  (c)  Type of entity (C corp, S corp, or trust)  Share of total (Share of total ownership ownership)  (c)  Share of total ownership ownership ownership ownership ownership entity														
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Direct controlling entity  (c)  Type of entity (c)  Share of total (c)  Yor (corp, S corp, or trust)  Share of total (c)  Year ownership ownership ownership ownership ownership entity														
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Direct controlling entity (c)  Entity  Or trust)  (d)  Type of entity (c)  Share of total income year assets  (c)  Share of end-of-year ownership ownership ownership ownership on trust)														
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  (c)  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Direct controlling entity  (c)  Type of entity (c)  Income year assets  (d)  Share of total percentage ownership ownership ownership ownership ownership entity														
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Direct controlling entity  (c)  Type of entity (c)  Share of total (c)  Yor (corp, S corp, or trust)  Share of total (c)  Year ownership ownership ownership ownership ownership entity														
Name, address, and EIN of Primary activity Legal domicile related organization Legal domicile (state or foreign State or fore							zation ans	wered "Yes	" on F	orm 9	90, Part IV,	line	34	
	Name, address, and EIN of	<b>(b)</b> Primary activity	L do (state	egal mıcıle or foreıgn		t controlling   Typ entity   (C co	e of entity orp, S corp,	Share of total		of end- year	-of- Perce	ntage	(1:	(ı) ction 512( 3) controll entity? (es No

Schedule R (Form 990) 2016		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10 Y	res	
р	Reimbursement paid to related organization(s) for expenses				1p	+	No
q	Reimbursement paid by related organization(s) for expenses				1q \	res	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	insaction thresholds	•		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d</b> ) Method of determining am	nount inv	olved	
(1)IN	ERNATIONAL FOOD INFORMATION COUNCIL FOUNDATION	В	55,290	Actual Amounts Incurred			
(2)IN	ERNATIONAL FOOD INFORMATION COUNCIL FOUNDATION	0	348,000	Actual Amounts Incurred			

(3)INTERNATIONAL FOOD INFORMATION COUNCIL FOUNDATION Q 7,352 Actual Amounts Incurred Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

· · · · · · · · · · · · · · · · · · ·		 										
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
	ļ l	514)	Yes	No	ļ ,		Yes	No	ļ	Yes	No	
												<u> </u>
												·
									Schedul	e R (Form	1 990	D) 2016

