

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: The Food Literacy Project at Oxmoor Farm, Inc.

Applicant Requested Amount: \$15,000

Appropriation Request Amount: \$5,250

Executive Summary of Request

Funding will expand the outdoor classroom and programming at the urban farm, support community engagement programs and promote the South Points Farmers Market. The request is also for equipment.

Is this program/project a fundraiser?

Yes No

Is this applicant a faith based organization?

Yes No

Does this application include funding for sub-grantee(s)?

Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

... 15
District #

DN Butler
Primary Sponsor Signature

2,000
Amount

10/10/18
Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

Applicant/Program:


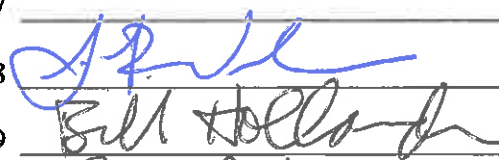


The Food Literacy Project at Oxmoor Farm, Inc./ Nourishing Community Health and Sense of Place in South Lo

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6		\$ 500. ⁰⁰
District 7	_____	\$ _____
District 8		\$ 250 -
District 9	Bill Hollander	\$ 500. ⁰⁰
District 10	Erinn P. Marshall	\$ 250. ⁰⁰
District 11	_____	\$ _____
District 12		\$ 250
District 13	Vicki Aubrey Welch	\$ 500
District 14		\$ 250
District 15	_____	\$ _____

Applicant/Program:

The Food Literacy Project at Oxmoor Farm, Inc./ Nourishing Community Health and Sense of Place in South Lo

Additional Disclosure and Signatures

Additional Council Office Disclosure

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District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 Vitala Slonshun \$ 500.00

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 Makana Ford \$ 250.00

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization The Food Literacy Project at Oxmoor Farm, Inc.	
Program Name and Request Amount Nourishing Community Health and Sense of Place in South Louisville.	
\$15,000	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	YES
Prepared by: shughes	Date: Sep 18, 2018

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: The Food Literacy Project at Oxmoor Farm, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 9001 Limehouse Lane, Louisville, KY 40220			
Website: www.foodliteracyproject.org			
Applicant Contact:	Angelique Perez	Title:	Associate Executive Director
Phone:	(502) 491-0072	Email:	angelique@foodliteracyproject.org
Financial Contact:	Angelique Perez	Title:	Associate Executive Director
Phone:	(502) 491-0072	Email:	angelique@foodliteracyproject.org
Organization's Representative who attended NDF Training: Angelique Percz			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Iroquois Farm		
Council District(s):	15	Zip Code(s):	40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Nourishing Community Health and Sense of Place in South Louisville			
Total Request: (\$)	15,000	Total Metro Award (this program) in previous year: (\$)	7,500
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	External Agency Fund (youth)	Amount: (\$)	10,000
Source:	Public Health and Wellness	Amount: (\$)	3,895
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Food Literacy Project's ("FLP") mission is: youth transforming communities through food, farming and the land. We envision a healthy and equitable community where people and places thrive. Our 501(c)3 nonprofit organization has engaged children, teens, families, educators, nutrition services professionals and neighborhood residents in hands-on, food and agriculture service-learning opportunities to promote nutritional health and wellbeing in underserved Louisville areas since 2006. The Food Literacy Project (FLP) has grown from an earnest pilot project serving less than 500 students per year, to a mature organization investing nearly \$500,000 annually to advance the nutritional health of 6,000+ participants; connect farmers with institutions and low-income consumers; and cultivate a healthy and equitable community. Equity is set forth in our vision and included as a core value in the guiding strategy that informs all parts of our work. Among these values are: JUSTICE- We pursue fairness and equity; ROOTS- We are grounded and purposeful, connected with people and dedicated to sustainably addressing community needs, and CULTIVATION- We bring great care to our work and relationships, we nourish growth in the community, and in turn, are nourished ourselves.

FLP utilizes a working vegetable farm on Oxmoor Farm, school and community gardens, cafeterias and kitchens and a mobile tasting garden- "Truck Farm"-to engage youth, families and educators in the joy and power of discovering real food. Through FLP's 12-year partnership with Oxmoor Farm, over 45,000 individuals have embraced life-changing experiences with fresh vegetables through FLP's flagship Field-to-Fork Program. FLP exposes young people, many for the first time, to fresh, healthful food while it's still growing in the ground, and provides opportunities for youth to farm, cook, break bread and communicate together, directly impacting their experience of place and relationships within the food system – as well as their taste buds, health, sense of community and ability to succeed.

Students participate in hands-on experiential education programs connected with core curriculum through year-round multiple-visit experiences or single-day field studies on a working farm. Whole families gain cooking knowledge and skills and take home fresh produce shares through our Field-to-Fork afterschool clubs, bringing change to the family table. Teens have employment, service-learning and entrepreneurial leadership development opportunities through FLP's existing summer and academic-year Youth Community Agriculture Program (YCAP) tracks. FLP addresses gaps in knowledge, experience and access, empowering young people, their families and neighbors, who urgently need positive interaction with and regular access to fresh and healthful foods. Youth become change agents, promoting healthy foodways in their families, schools and communities.

FLP is spearheading a robust community engagement effort and food access initiative, developing a second urban agriculture operation at Iroquois Farm, revitalizing the South Points Farmers Market in South Louisville, and expanding hands-on food and agriculture service learning programs.

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Nancy Koppersmith, President	August 2019
Charlie Crawford, Treasurer	February 2020
Melissa Chipman, Secretary	August, 2018
Adam Price	December 2018
Todd Bradon	February, 2019
Emily Beauregard	December 2018
Gil Liu, M.D.	August, 2019
Luckett Davidson	August, 2020
Rick Harned	October 2018
Chef Patrick Roney	June 2021
Dr. Julia Richerson	August 2021
Brenda Stokes	October 2021

Describe the Board term limit policy:

The Food Literacy Project's board term limit policy allows members to serve for a term of 3-years. At the close of their first term, board members have the opportunity to commit to a second 3-year term, but must rotate off the board after 6 years of service. Board officers are elected for 2-year terms.

Three Highest Paid Staff Names	Annual Salary
Carol Gundersen, Executive Director	63,523
Angelique Perez, Associate Executive Director	54,316
Sarah McCartt-Jackson, Director of Programs	46,500

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Food Literacy Project ("FLP") seeks an investment of \$15,000 in Metro Council Neighborhood Development Funds to implement a project that nourishes community health and sense of place. The proposed project will reach underserved youth and families, emphasizing an area of South Louisville where residents face physical, educational, cultural and economic barriers to accessing fresh, nutritious food. The project responds to community members' needs and interests, capitalizing on unique assets of South Louisville, and leveraging youth leadership, cross-sector partnerships and existing resources to advance wellbeing and revitalization. FLP will continue to mobilize youth, community members and stakeholders to transform the former, and now vacant, Iroquois Homes public housing complex into Iroquois Farm, creating a vibrant hub for urban agriculture, fresh food education and access, youth leadership development and employment, community engagement and cultural exchange. We will expand food and agriculture service learning programs, youth employment programs and fresh food access initiatives, improving food literacy (agricultural knowledge and cooking skills) through hands-on learning, work and community engagement experiences. FLP will launch a new academic-year paid internship Youth Community Agriculture Program (YCAP) track based at Iroquois Farm. FLP will also continue to spearhead an intensive community engagement/organizing effort and revitalize, steward and manage the South Points Farmers Market. The project will position local youth, their families, neighbors and schools as drivers of community health improvement and neighborhood transformation. To achieve the project's objectives, FLP will embrace a community-based, collective impact approach. We will build on a new chapter of organizational maturity while working alongside community stakeholders to achieve a bold vision for community health.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

NDF grant funds will expand FLP's outdoor classroom and programming at Iroquois Urban Farm. Funds will enable growth of FLP's Youth Community Agriculture Program (YCAP) which we will expand to include an academic-year youth employment track this year. We will also expand academic YCAP in partnership with Iroquois High School's Accelerate to Graduate Program, an effort to advance academic progress among immigrant and refugee youth at risk of aging out of traditional high school. We aim to engage 60 teens/young adults through YCAP in 2019. Grant funds will also support student and community engagement programs as well as operation and promotion of the South Points Farmers Market.

This grant will allow the Food Literacy Project to make hands-on experiences planting, cultivating harvesting and cooking with fresh vegetables accessible to Louisville youth and families. Providing high-quality, effective programs requires resources including staff to plan, implement, monitor and evaluate programs, an outdoor classroom rich with hands-on learning opportunities, program materials such as scuffle hoes, seeds, soil, printed materials for students and teachers; and fresh food and cooking equipment and supplies for cooking activities. If granted, NDF funds will be used to purchase equipment (tractor and implements, kitchen equipment) and program materials that will increase FLP's efficiency and effectiveness in providing powerful learning experiences for Louisville youth and families.

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C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

The Food Literacy Project is in urgent need of a tractor and implements for our Iroquois Farm site. Depending on the expeditiousness of the process, FLP may need to this equipment before a grant agreement is executed.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

To assess effectiveness and best utilize limited resources, FLP measures progress towards established goals and objectives using quantitative and qualitative methods, administering pre- and post-program surveys to participants and incorporating other tools such as interviews, direct observation, food diaries and written/artistic reflections. The teens in YCAP take ownership of progress towards personal and shared goals through weekly "Straight Talk" sessions, giving and receiving positive feedback and constructive criticism. From 2013-2016, The Food Literacy Project worked with scholars from Johns Hopkins' Bloomberg School of Public Health to strengthen our evaluation systems. This collaboration ensured the collection of high-quality data, strengthened our data analysis capabilities and allowed the Food Literacy Project to contribute to the emerging evidence base in childhood obesity prevention, bolstering program sustainability.

FLP programs have immediate outcomes for Louisville youth including: increased engagement in gardening and home food preparation; eating more fruits and vegetables; decreased intake of sugar sweetened beverages; increased daily physical activity; increased caregiver support for children's healthy lifestyles (prepare more meals including vegetables at home, include vegetables in their weekly food purchases, engage in physical activity with their child); improved communication, leadership and teamwork skills; increased level of community engagement. The long-term outcomes are decreased incidence of obesity and type II diabetes in the community and improved community health and well-being.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

In order to maximize impact and best leverage limited resources, FLP embraces a collaborative approach. Among the partnerships vital to this project is our 12-year relationship with Jefferson County Public Schools (which includes our long-time (since 2009) partner Hazelwood Elementary School, adjacent to Iroquois Farm) as well as a long-standing partnership with Kentuckiana Works, the region's workforce development board, which has invested in FLP's Youth Community Agriculture Program (YCAP) since 2012. Louisville Metro Housing Authority (LMHA) supports this project by leasing FLP the land at our Iroquois Farm site for \$1/year. LMHA's support extends to providing certain aspects of site maintenance, including tree and road upkeep. Important neighboring partners include Iroquois High School, home of our academic-year YCAP track; the Iroquois Family Health Center, a primary care clinic partner; the Neighborhood Place, a Metro hub offering a variety of social support services to the community; and Taylor Blvd. Save-a-Lot, a family-owned grocery that stocks local produce and fresh meats, and hosts the South Points Farmers' Market weekly throughout the growing season. Financial support and encouragement from the local business owners' organization, the Southwest Dream Team, the Louisville Metro Department of Public Health and Wellness and Community Farm Alliance enabled FLP to take over management and relaunch the South Points Market in June 2018. The Iroquois Farm Community Advisory Council, a cross-sector group of residents, business people, and community leaders, ensures our efforts respond to community needs and achieve life-changing outcomes. South Louisville is a community eager for regeneration, capable and ready to facilitate change.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	\$279,475	\$279,475
B: Rent/Utilities	0	\$2,900	\$2,900
C: Office Supplies	0	\$2,000	\$2,000
D: Telephone	0	\$1,200	\$1,200
E: In-town Travel	0	\$4,400	\$4,400
F: Client Assistance (See Detailed List on Page 8)	0	\$20,431	\$20,431
G: Professional Service Contracts	0	\$18,825	\$18,825
H: Program Materials	\$3,000	\$29,820	\$32,820
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	\$12,000	\$15,600	\$27,600
K: Capital Project	0	\$82,000	\$82,000
L: Other Expenses (See Detailed List on Page 8)	0	\$16,993	\$16,993
*TOTAL PROGRAM/PROJECT FUNDS	\$15,000	\$473,644	\$488,644
% of Program Budget	3 %	97 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$136,000
United Way	0
Private Contributions (do not include individual donor names)	\$337,644
Fees Collected from Program Participants	0
Other (please specify)	0
<i>Total Revenue for Column 2 Expenses **</i>	473,644

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
I. Client Assist- Participant Bus Transportation	0	5,700	5,700
I. Client Assist- YCAP Community Food Leader-Participant Stipends	0	10,731	10,731
I. Client Assist- Field to Fork Club No Cost Produce Shares for Families	0	4,000	4,000
Total I. Client Assistance = \$20,431			
L. Other Expenses- Insurance	0	4,200	4,200
L. Other Expenses- Staff Training	0	1,500	1,500
L. Other Expenses- Travel	0	3,300	3,300
L. Other Expenses- Subscriptions, Fees and Dues	0	5,700	5,700
L. Other Expenses- Legal and Professional Services	0	2,293	2,293
Total L. Other Expenses=\$16,993			
Total	0	37,424	37,424

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
KentuckianaWorks: Summer YCAP wages	\$24,000	Actual Value of Youth Wages
Rainbow Blossom: Produce Donations	\$3,000	Retail Value
Volunteer Hours: 500	\$10,585	Independent Sector KY Value
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$37,585	

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: January 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

The Food Literacy Project anticipates a significant amount of growth (25%+) in our annual budget from 2018 to 2019, as we expand programming and invest in infrastructure at Iroquois Urban Farm. The Food Literacy Project is in the midst of a crucial phase of growth. We are poised to leverage our experience, rich community relationships and partnerships to extend and deepen our impact, developing an urban farm, outdoor classroom and food/agriculture education and access programs at the site of the former, and now vacant, Iroquois Homes public housing complex located in one of the most diverse and underserved areas of the city. For example, FLP will launch a new academic-year paid internship Youth Community Agriculture Program (YCAP) track based at Iroquois Farm. FLP will also continue to spearhead a robust community engagement initiative and revitalize, steward and manage the South Points Farmers Market.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory: <i>Carol A Gundersen</i>		Date: Aug 29, 2018
Legal Signatory: (please print): Carol Gundersen		Title: Executive Director
Phone: (502) 491-0072	Extension: N/A	Email: carol@foodliteracyproject.org

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NAOI

Trey Grayson
Secretary of State
Received and Filed

06/06/2006 9:19:34 AM

Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF**

The Food Literacy Project at Oxmoor Farm, Inc.

(a non-stock, non-profit corporation)

Pursuant to Kentucky Revised Statute 273.267 the Board of Directors of The Food Literacy Project at Oxmoor Farm, Inc. states Articles of Incorporation are as follows:

ARTICLE I

The name of the corporation is The Food Literacy Project at Oxmoor Farm, Inc.

ARTICLE II

This non-stock, non-profit corporation is organized primarily for the purpose of providing educational and charitable services.

ARTICLE III

The street address of the corporation's initial registered office shall be 1050 East Kentucky Street, Louisville, Kentucky 40204 and the name of the initial registered agent is Carol Gundersen.

ARTICLE IV

The mailing address of the corporation's principal office and place of business is 1050 East Kentucky Street, Louisville, Kentucky 40204.

ARTICLE V

The initial Board of Directors shall consist of Four Directors and their names and mailing addresses are:

Ivor Chodkowski – 224 South Bayly Avenue, Louisville, Kentucky 40206

Kaki Robinson – 2316 Bonnycastle Avenue, Louisville, Kentucky 40205

Phyllis Croce – 328 West Riverside Drive, Jeffersonville, Indiana 47130

Porter Watkins – 20 Westwind Road, Louisville, Kentucky 40207

ARTICLE VI

The name and mailing address of the incorporator is as follows: Carol Gundersen, 1050 East Kentucky Street, Louisville, Kentucky 40204.

ARTICLE X

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or the such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Carol Gundersen
Carol Gundersen
Incorporator

COMMONWEALTH OF KENTUCKY
COUNTY OF JEFFERSON

I, a Notary Public, in and for the state and county aforesaid, do hereby certify that the foregoing instrument was produced to me in said county and was acknowledged and delivered by Carol Gundersen to be her act and deed.

WITNESS, my signature this 11th day of May, 2006
My Commission Expires: 9/5/07

[Signature]
Notary Public, State at Large, KY

THIS INSTRUMENT PREPARED BY

[Signature]
Harry B. Borders
BORDERS AND BORDERS, ATTORNEYS
920 Dupont Road
Louisville, KY 40207
(502)894-9200

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Food Literacy Project at Oxmoor Farm, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<input checked="" type="checkbox"/> C Corporation	
<input type="checkbox"/> S Corporation	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions. 9001 Limehouse Lane	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40220	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification number												

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Caryl A. Bundersen</i>	Date ▶ <i>8/28/18</i>
------------------	--	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 11 2007

THE FOOD LITERACY PROJECT AT
OXMOOR FARM INC
C/O CAROL GUNDERSEN
1050 E KENTUCKY ST
LOUISVILLE, KY 40204

Employer Identification Number:

[REDACTED]
17053311069026

Contact Person:
L. WAYNE BOTHE

ID# 31462

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
June 6, 2006

Contribution Deductibility:
Yes

Advance Ruling Ending Date:
December 31, 2010

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

Return of Organization Exempt From Income Tax

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

2017

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 2017, and ending 2017

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: The Food Literacy Project at Oxmoor Farm Inc. D Employer identification no. (502) 491-0072. G Gross receipts \$ 336,087. F Name and address of principal officer: Nancy Koppersmith. I Tax-exempt status: 501(c)(3). J Website: www.foodliteracyproject.org. K Form of organization: Corporation. L Year of formation: 2006. M State of legal domicile: KY.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance metrics, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Carol Gunderson, Signature of officer, Carol Gunderson, Executive Director, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Tim Darst, Preparer's signature: Tim Darst, Date: 05-30-2018, Check if PTIN self-employed, Firm's name: Timothy J Darst, CPA, LLC, Firm's address: 1534 Quadrant Avenue, Louisville KY 40205, Firm's EIN, Phone no. 502-276-5475.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7) and (12) organizations.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Adam Price</u> President	2.00	X		X				0	0	0
(2) <u>Todd Bradon</u> Treasurer	2.00	X		X				0	0	0
(3) <u>Melissa Chapman</u> Director	2.00	X						0	0	0
(4) <u>Rick Harned</u> Director	2.00	X						0	0	0
(5) <u>Gerri Phelps</u> Director	2.00	X						0	0	0
(6) <u>Emily Beauregard</u> Secretary	2.00	X		X				0	0	0
(7) <u>Nancy KupperSmith</u> Director	2.00	X		X				0	0	0
(8) <u>Charlie Crawford</u> Director	2.00	X						0	0	0
(9) <u>Gil Lui</u> Director	2.00	X						0	0	0
(10) <u>Martha Geier</u> Director	2.00	X						0	0	0
(11) <u>Jay Denham</u> Director	2.00	X						0	0	0
(12) -----										
(13) -----										
(14) -----										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	12,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	287,349				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		299,849				
Program Service Revenue	2a Family and group fees	Business Code 611600	11,038	11,038			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		11,038				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		273	273			
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
c Gain or (loss)							
d Net gain or (loss) ▶							
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a	24,927						
b Less: direct expenses b	6,534						
c Net income or (loss) from fundraising events ▶		18,393			18,393		
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			329,553	11,311	0	18,393	

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,087	1	1,696
	2 Savings and temporary cash investments	328,923	2	253,526
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 68,182		
	b Less: accumulated depreciation	10b 29,016	44,545	10c 39,166
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		377,555	16 294,388	
Liabilities	17 Accounts payable and accrued expenses	3,479	17	306
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		3,479	26 306
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	374,076	32	294,082
33 Total net assets or fund balances	374,076	33	294,082	
34 Total liabilities and net assets/fund balances	377,555	34	294,388	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

The Food Literacy Project at Oxmoor Farm Inc.

Employer identification number

[REDACTED]

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con

Section D - Distributions

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

The Food Literacy Project at Oxmoor Farm Inc.

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Food Literacy Project at Oxmoor Farm Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Porter Watkins [REDACTED] [REDACTED]	\$ 12,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Arthur K Smith Family Foundation [REDACTED]	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Austin & Jane Musselman Foundation [REDACTED]	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PNC Foundation 101 South Fifth Street Louisville, KY 40202	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Rotary Club of Louisville 401 West Main Street Louisville, KY 40202	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Metro United Way 334 E Broadway Louisville, KY 40202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

The Food Literacy Project at Oxmoor Farm Inc.

Employee identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and number of easements on historic structures, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures for public service and for financial gain.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). Total line at the bottom.

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

Employer identification number

The Food Literacy Project at Oxmoor Farm Inc.

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

The Food Literacy Project at Oxmoor Farm Inc.

Employer identification number



01. Committee meeting documentation (Part VI, line 8b)

There are no committees authorized to act on behalf of the board.

02. Form 990 governing body review (Part VI, line 11)

The board officers review the Form 990 after it is filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

The executive director monitors compliance of the conflict of interest policy.

04. Governing documents, etc, available to public (Part VI, line 19)

Only the required Forms 1023 and 990 are made available to the public upon request.

Name(s) as shown on return

FEIN

The Food Literacy Project at Oxmoor Farm Inc.

Other program services expenses

Description	Amount
Equipment purchases	\$ 513
Subscriptions, fees and dues	9,898
Printing	2,451
Postage	1,728
Incentives	674
Garden supplies	1,669
Total:	\$ 16,933

Other management and general expenses

Description	Amount
Printing	\$ 200
Subscriptions, fees and dues	1,356
Postage	141
Total:	\$ 1,697

Other fundraising expenses

Description	Amount
Printing	\$ 424
Equipment purchases	293
Subscriptions, fees and dues	3,011
Postage	299
Incentives	51
Supplies	15
Total:	\$ 4,093



The Field to Fork Program

Name: _____

Today's Date: _____

School: _____

Grade: _____

Part 1: Demographic Information

1. What is your date of birth? _____ / _____ / _____
Month Day Year

2. How old are you? _____ years old

3. Are you a boy or a girl? Boy Girl

4. How do you describe yourself?

- White
- Black or African American
- Hispanic or Latino
- Asian or Pacific Islander
- Other _____

Part 2: Knowledge

Food and Drinks

5. How many total servings of fruit and vegetables should you eat each day?
- a) 0 servings
 - b) 1-2 servings
 - c) 3-4 servings
 - d) 5 or more servings

Screen Time

9. What is the most number of hours you should be in front of a screen (such as TV, computer, cell phone, handheld device) each day?

- a) 0 hours
- b) 1 hour
- c) 2 hours
- d) 3 or more hours

Part 3: Behavior

Food and Drinks

10. Yesterday, did you eat ANY fruit? Do not count fruit juice.



- a) No, I did not eat any fruit yesterday
- b) Yes, I ate **one** fruit yesterday
- c) Yes, I ate **two** fruits yesterday
- d) Yes, I ate **three or more** fruits yesterday

11. Yesterday, did you eat ANY vegetables? *Vegetables* are salads; boiled, baked, and mashed potatoes; and all cooked and uncooked vegetables. Do not count French fries or chips.



- a) No, I did not eat any vegetables yesterday
- b) Yes, I ate **one** vegetable yesterday
- c) Yes, I ate **two** vegetables yesterday
- d) Yes, I ate **three or more** vegetables yesterday

Exercise and Physical Activity

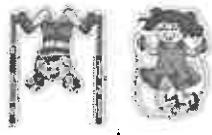
14. Yesterday, after school, did you exercise or do any activities outside or inside your home?

- a) No, I did not exercise and/or do activities yesterday
- b) Yes, I did exercise and/or do activities yesterday

15. How many minutes of physical activities did you do yesterday at home or after school. Examples of physical activity are:



Bike Riding
___ minutes



Playing Outside
___ minutes



Running/Jogging
___ minutes



Karate
___ minutes



Walking
___ minutes



Dancing
___ minutes



Sports
___ minutes

Screen Time

16. Yesterday, did you sit in front of a TV, computer, or while using a cell phone or handheld electronic device like a tablet?

- a) No
- b) Yes

17. Yesterday, how many hours did you spend sitting in front of a TV, computer, or using a cell phone or electronic device like a tablet?

- a) 0 hours
- b) Less than 1 hour
- c) 1-2 hours
- d) 3 or more hours



25. Do most vegetables grow on plants in the soil?

a) Yes

b) No

26. How often do you ask your family to buy fruits and vegetables?

a) Very often

b) Sometimes

c) Never

27. Do you feel supported or encouraged to eat fruits and vegetables by your family:



Yes



Somewhat



No

28. Do you feel supported or encouraged to eat fruits and vegetables by your friends and schoolmates:



Yes



Somewhat



No

29. Do you feel supported or encouraged to eat fruits and vegetables by your teachers and school leaders:



Yes



Somewhat



No

30. Would you like to have fresh foods from a vegetable farm available at your school?

a) Yes

b) No



Pre-Survey 2018

Youth Community Agriculture Program

The Food Literacy Project is interested in learning more about you. Your honest answers will help us infuse your interests into future seasons of YCAP.

Name: _____ Today's Date: _____

School: _____

Part 1: Demographic Information

Age: _____ Date of Birth: _____

Are you Male or Female? _____ Zip Code: _____

How do you describe yourself? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hispanic or Latino | _____ |

Part 2: Knowledge

1. How many total servings of fruit and vegetables should you eat each day?

- a) 0 servings
- b) 1 – 2 servings
- c) 3 – 4 servings
- d) 5 or more servings.

2. Check ALL the healthy drinks you see below:

- | | |
|---|---|
| <input type="checkbox"/> Soda | <input type="checkbox"/> Skim Milk |
| <input type="checkbox"/> Water | <input type="checkbox"/> Kool Aid / Hi C |
| <input type="checkbox"/> 100% Fruit Juice | <input type="checkbox"/> Low Fat Chocolate Milk |

9. Check ALL the drinks you had yesterday and write down the total number of servings next to it. For example, if you drank two cans of soda, write the number 2 on the line by "Soda."

- Soda _____ cups, cans, or servings
- Water _____ cups, bottles, or servings
- 100% Fruit Juice _____ cups or servings
- Skim Milk _____ cups or servings
- Kool Aid / Hi C _____ cups, cans, boxes, or servings
- Low Fat Chocolate Milk _____ cups or servings
- Other drinks with added sugar _____ cups or servings

10. Check ALL the snacks you had yesterday and write down the number of servings next to it. For example, if you ate one apple, write the number 1 next to "Fruit," or if you had 2 cookies, write 2 next to "Sweet Snacks."

- Fruit _____ servings
- Sweet snacks (candy, cookies, etc.) _____ servings
- Yogurt or cheese _____ servings
- Chips, fries, or pizza _____ servings
- Vegetables _____ servings

11. Last week, how many days did you eat breakfast?

- a) I did not eat breakfast at all last week.
- b) I ate breakfast 1-2 days last week.
- c) I ate breakfast between 3-4 days last week.
- d) I ate breakfast every 5-6 days last week.
- e) I ate breakfast every day last week.

12. Yesterday, did you exercise or do any physical activities outside or inside your home?

- a) No, I did not exercise and/or do activities yesterday.
- b) Yes, I did exercise and/or do activities yesterday.

13. Check the activities you did yesterday and write the number of minutes you did those activities:

- | | |
|--|--|
| <input type="checkbox"/> Bike riding _____ minutes | <input type="checkbox"/> Walking _____ minutes |
| <input type="checkbox"/> Playing outside _____ minutes | <input type="checkbox"/> Dancing _____ minutes |
| <input type="checkbox"/> Running/jogging _____ minutes | <input type="checkbox"/> Sports _____ minutes |
| <input type="checkbox"/> Karate _____ minutes | <input type="checkbox"/> Other _____ minutes |

25. Do most vegetables grow on plants in the soil?

- a) Yes
- b) No

26. How often do you ask your family to buy fruits and vegetables?

- a) Very often
- b) Sometimes
- c) Never

27. How many different varieties of vegetables do you eat each week?

- a) I do not eat vegetables.
- b) I eat 1-2 varieties of vegetables each week.
- c) I eat 3-4 varieties of vegetables each week.
- d) I eat 5 or more varieties of vegetables each week.

28. How open are you to trying new foods?

- a) Very open
- b) Somewhat open
- c) Not at all open

29. Would you like to have fresh foods from a vegetable farm available at your school?

- a) Yes
- b) No

30. Do people depend on farmers to grow the foods we eat?

- a) Yes
- b) No

31. Check the appropriate box to indicate how supported you feel in each area below.

	Yes, very encouraged	Somewhat encouraged	Not at all encouraged
Do you feel supported or encouraged by your family to eat fruits and vegetables?			
Do you feel supported or encouraged by your friends to eat fruits and vegetables?			
Do you feel supported or encouraged by your teachers or mentors to eat fruits and vegetables?			

36. How important is it to you personally to:

	Very important	Somewhat important	Not too important	Not important at all
Eat a variety of foods				
Maintain a healthy weight				
Choose a diet with plenty of breads, cereals, rice, and pasta				
Choose a diet with plenty of fruits and vegetables				
Choose a diet low in fat				
Consume sugar only in moderation				

37. How often do you think about your eating habits?

- Often
- Not very often
- Never

38. How much do you know about the following:

	Everything	A lot	A little	Nothing
How to fill out job applications				
How to interview for a job				
What it takes to get a job				
What employers expect from their workers				
The importance of showing up for work on time				
The importance of showing respect for supervisors				
The importance of showing respect for coworkers				
To have a strong work ethic				
To give constructive criticism to others				
To accept constructive criticism from others				
To set and achieve personal goals				
To work with a team to accomplish team goals				
To make friends with people who are different than me				

50. What personal goals do you hope to accomplish while participating working as a Food Literacy Project Crew Member in the Youth Community Agriculture Program?

51. What impact do you hope to make in your community as a Youth Community Agriculture Program (YCAP) Crew Member?

FOOD LITERACY PROJECT AT OXMOOR FARM, INC.

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2016

STUEDLE SPEARS & COMPANY PSC

CERTIFIED PUBLIC ACCOUNTANTS

2821 S. Hurstbourne Parkway
Louisville, KY 40220
Phone: 502.491.5253 · Fax: 502.491.5270

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors
Food Literacy Project at
Oxmoor Farm, Inc.
Louisville, Kentucky

We have reviewed the accompanying financial statements of Food Literacy Project at Oxmoor Farm, Inc., (a nonprofit organization), which comprise the statement of financial position as of December 31, 2016, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountants' Responsibility

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

FOOD LITERACY PROJECT AT OXMOOR FARM, INC.
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2016

ASSETS

Current Assets

Cash and cash equivalents	\$ <u>333,011</u>
Total Current Assets	333,011

Fixed Assets

Buildings and Equipment	68,182
Less accumulated depreciation	<u>(23,638)</u>
Total Property and Equipment	44,544

TOTAL ASSETS	\$ <u><u>377,555</u></u>
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LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 723
Accrued payroll liabilities	<u>2,760</u>
Total Current Liabilities	3,483

Net Assets

Unrestricted	<u>374,072</u>
Total Net Assets	<u>374,072</u>

TOTAL LIABILITIES AND NET ASSETS	\$ <u><u>377,555</u></u>
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See independent accountant's review report and accompanying notes to financial statements.

FOOD LITERACY PROJECT AT OXMOOR FARM, INC.
STATEMENT OF FUNCTIONAL EXPENSES
DECEMBER 31, 2016

	<u>Program</u>	<u>Administrative</u>	<u>Fund Raising</u>	<u>Total</u>
Salaries	\$ 203,743	\$ 13,195	\$ 25,959	\$ 242,897
Payroll taxes	15,587	1,009	1,986	18,582
Legal and professional	15,776	472	990	17,238
Subscriptions, Fees and Dues	5,773	357	447	6,577
Employee benefits	5,042	326	642	6,010
Participant transportation	5,746	-	-	5,746
Depreciation	5,235	64	80	5,379
Rent	4,993	-	-	4,993
Consumable supplies	4,269	125	157	4,551
Staff mileage	3,316	296	308	3,920
Food supplies	3,778	-	-	3,778
Equipment rental	3,056	154	192	3,402
Printing	2,042	118	1,147	3,307
Equipment	2,493	35	44	2,572
Insurance	2,133	102	128	2,363
Telephone and internet	1,500	277	284	2,061
Portable toilet	2,045	-	-	2,045
Payroll processing fee	1,509	147	184	1,840
Utilities	1,254	270	275	1,799
Office supplies	1,525	82	103	1,710
Postage	1,144	87	109	1,340
Technology equipment	852	83	104	1,039
Online processing fees	-	-	796	796
Incentives	670	-	120	790
Insurance	768	-	-	768
Travel	348	233	56	637
Staff training	520	-	96	616
Garden supplies	437	-	-	437
Insurance	331	32	40	403
Membership dues	-	90	150	240
Total Expense	\$ 295,885	\$ 17,554	\$ 34,397	\$ 347,836

See independent accountant's review report and accompanying notes to financial statements.

**FOOD LITERACY PROJECT AT OXMOOR FARM, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016**

NOTE A- NATURE OF ACTIVITIES

Food Literacy Project at Oxmoor Farm, Inc. is a nonprofit organization incorporated in the State of Kentucky in 2006. The mission of The Food Literacy Project at Oxmoor Farm, Inc. is transforming youth and their communities through food, farming, and the land. We envision a community with a just and sustainable food system that cultivates healthy citizens. By providing hands-on experience growing, cooking and eating fresh vegetables, Food Literacy Project helps youth and families empower themselves with knowledge and skills necessary to make a lifetime of healthy food choices.

NOTE B- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Investments

Investments are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income is reported as increases in unrestricted net assets in the reporting period in which the income is recognized. As of December 31, 2016, no amounts have been reflected in the financial statements for investments.

Contributed Services

No amounts have been reflected in the financial statements for donated services. The Organization generally pays for services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assists the Organization.

Public Support and Revenue

Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. All contributions are assumed to be available for unrestricted use unless specifically restricted by the donor. At December 31, 2016, temporarily restricted net assets totaled \$0 and permanently restricted net assets totaled \$0.

See independent accountant's review report

FOOD LITERACY PROJECT AT OXMOOR FARM, INC.
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2016

NOTE C- PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	<u>2016</u>
Pavilion	\$ 932
Office Trailer	40,000
Kitchen	21,000
Truck	<u>6,250</u>
Total Property and Equipment	68,182
Less: accumulated depreciation	<u>(23,638)</u>
Net Property and Equipment	<u>\$ 44,544</u>

NOTE D- DATE OF MANAGEMENT'S REVIEW

In preparing the financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through March 31, 2017, the date that the financial statements were available to be issued.

See independent accountant's review report

THE FOOD LITERACY PROJECT AT OXMOOR FARM, INC.**General Information**

Organization Number	0640149
Name	THE FOOD LITERACY PROJECT AT OXMOOR FARM, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/6/2006
Organization Date	6/6/2006
Last Annual Report	2/20/2018
Principal Office	9001 LIMEHOUSE LANE LOUISVILLE, KY 40222
Registered Agent	CAROL GUNDERSEN 9001 LIMEHOUSE LANE LOUISVILLE, KY 40222

Current Officers

President	Nancy Kuppersmith
Secretary	Melissa Chipman
Treasurer	Charlie Crawford
Director	Rick Harned
Director	Geri Phelps
Director	Nancy Kuppersmith
Director	Gil Liu, MD
Director	Adam Price
Director	Emily Beauregard
Director	Todd Bradon
Director	Luckett Davidson

Individuals / Entities listed at time of formation

Director IVOR CHODKOWSKI
Director KAKI ROBINSON
Director PHYLLIS CROCE
Director PORTER WILLIAMS
Incorporator CAROL GUNDERSEN

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	2/20/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/25/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/25/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/21/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/3/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/26/2013	1 page	<u>PDF</u>	
<u>Principal Office Address Change</u>	2/20/2012 10:41:09 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/20/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/14/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/23/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/2/2009	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	8/19/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/18/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/9/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	6/6/2006	4 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/20/2018 1:30:20 PM	2/20/2018 1:30:20 PM	
Annual report	4/25/2017 10:31:02 AM	4/25/2017 10:31:02 AM	
Annual report	3/25/2016 10:11:52 AM	3/25/2016 10:11:52 AM	
Annual report	4/21/2015 8:45:44 AM	4/21/2015 8:45:44 AM	

Annual report	4/3/2014 10:55:29 AM	4/3/2014 10:55:29 AM
Annual report	6/26/2013 2:17:31 PM	6/26/2013 2:17:31 PM
Annual report	2/20/2012 10:47:20 AM	2/20/2012 10:47:20 AM
Principal office change	2/20/2012 10:41:09 AM	2/20/2012 10:41:09 AM
Annual report	7/14/2011 4:47:47 PM	7/14/2011 4:47:47 PM
Annual report	6/23/2010 3:04:23 PM	6/23/2010 3:04:23 PM
Annual report	4/2/2009 12:33:30 PM	4/2/2009 12:33:30 PM
Registered agent address change	8/19/2008 10:55:45 AM	8/19/2008
Annual report	6/18/2008 2:00:08 PM	6/18/2008
Annual report	3/9/2007 10:59:59 AM	3/9/2007
Add	6/6/2006 9:19:34 AM	6/6/2006

Microfilmed Images
