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Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

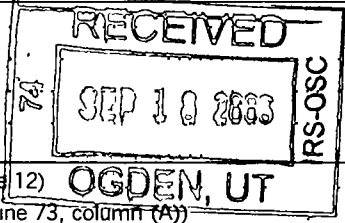
Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section A-F containing organization details: The Center for Food Safety, 660 Pennsylvania Ave. SE, Washington DC 20003. Includes fields for name, address, city, state, ZIP, and accounting method.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Main table with 21 rows detailing revenue and expenses. Total revenue (line 12) is 1,466,088. Total expenses (line 17) is 1,560,583. Net assets at end of year (line 21) is 440,171.



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	232,327.	219,970.	3,309.	9,048.
26 Other salaries and wages	26	553,421.	507,520.	22,213.	23,688.
27 Pension plan contributions	27	5,633.	5,165.	227.	241.
28 Other employee benefits	28	91,487.	84,148.	3,455.	3,884.
29 Payroll taxes	29	65,864.	60,935.	2,179.	2,750.
30 Professional fundraising fees	30				
31 Accounting fees	31	25,042.		25,042.	
32 Legal fees	32	15,705.	5,176.	2,254.	8,275.
33 Supplies	33				
34 Telephone	34	23,939.	22,148.	792.	999.
35 Postage and shipping	35	20,821.	19,268.	846.	707.
36 Occupancy	36	112,860.	104,415.	3,733.	4,712.
37 Equipment rental and maintenance	37	8,613.		8,613.	
38 Printing and publications	38	77,739.	72,760.	3,218.	1,761.
39 Travel	39	78,778.	64,854.		13,924.
40 Conferences, conventions, and meetings	40	3,626.	3,496.		130.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	16,710.	15,460.	553.	697.
43 Other expenses not covered above (itemize)					
a Advertising	43a	75.	75.		
b Office expense	43b	21,781.	20,151.	721.	909.
c Consulting	43c	92,764.	91,884.	880.	
d Computer services	43d	12,855.	8,385.	4,146.	324.
e Meals and entertainment	43e	34,761.	28,227.	4,269.	2,265.
f Temporary help	43f				
g See Other Expenses Stmt	43g	65,782.	57,496.	8,128.	158.
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,560,583.	1,391,533.	94,578.	74,472.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

BAA

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	234,805.	45	216,635.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable	274,408.	48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	274,408.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	80.
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,358.	54	10,378.
	55a Investments – land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	49,444.	57a		
b Less accumulated depreciation (attach schedule) L-57 Stmt	12,045.	57b	57c	
58 Other assets (describe ▶ <u>Deposit</u>)	930.	58	2,916.	
59 Total assets (must equal line 74) Add lines 45 through 58	582,096.	59	541,816.	
LIABILITIES	60 Accounts payable and accrued expenses	157,238.	60	69,105.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ <u>Due to ICTA</u>)	34,720.	65	32,540.
66 Total liabilities. Add lines 60 through 65	191,958.	66	101,645.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-35,713.	67	-20,217.
	68 Temporarily restricted	425,851.	68	460,388.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	390,138.	73	440,171.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	582,096.	74	541,816.	

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,466,972.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		884.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	884.
c	Subtract line b from line a		c	1,466,088.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	1,466,088.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,560,583.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,560,583.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	1,560,583.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Adele Douglass 660 Pennsylvania Ave., Wash., DC	President 2	0.	0.	0.
Andrew Kimbrell 660 Pennsylvania Ave., Wash., DC	Sec./Exec. Dir. 33	132,213.	12,462.	0.
Jennifer Beck 660 Pennsylvania Ave., Wash., DC	Treasurer 2	0.	0.	0.
Debi Barker 660 Pennsylvania Ave., Wash., DC	Director 2	0.	0.	0.
Donald Edward Davis 660 Pennsylvania Ave., Wash., DC	Director 2	0.	0.	0.
See List of Officers, Etc Statement				

Part VI Other Information <i>(continued)</i>	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	NA
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	NA
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	NA
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85 c	NA
d Section 162(e) lobbying and political expenditures	85 d	NA
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	NA
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	NA
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	NA
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	NA
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86 a	NA
b Gross receipts, included on line 12, for public use of club facilities	86 b	NA
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	NA
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	NA
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶	0.
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	▶	0.
90 a List the states with which a copy of this return is filed ▶ <u>District of Columbia</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	18
91 a The books are in care of ▶ <u>The Organization</u> Telephone number ▶ <u>(202) 547-9359</u> Located at ▶ <u>660 Pennsylvania Ave., Washington, DC</u> ZIP + 4 ▶ <u>20003</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	91 b	X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	91 c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,335.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Other			01	110.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,445.	
105 Total (add line 104, columns (B), (D), and (E))					3,445.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here: 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Joseph Mendelson III* Date: 9/1/04
 Type or print name and title: Joseph Mendelson III Legal Director

Paid Preparer's Use Only: Preparer's signature: *Robert Casey CPA* Date: 9/1/06
 Firm's name (or yours if self employed), address, and ZIP + 4: Larson, Allen, Weishair & Co., LLP. 2900 South Quincy Street, Suite 150 Arlington VA 22206
 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W):
 EIN: 41-0746749
 Phone no: (703) 998-5100

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

The Center for Food Safety

Employer identification number

52-2165893

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Doug Gurian-Sherman 660 Pennsylvania Ave, Wash. DC	Senior Scientist 40	69,250.	13,829.	0.
Peter Jenkins 660 Pennsylvania Ave., Wash., DC	Staff Attorney/Policy analyst 40	57,075.	14,471.	0.
Tracie Letterman 660 Pennsylvania Ave., Wash., DC	Staff Attorney/prog Dir. 40	54,582.	16,007.	0.
Total number of other employees paid over \$50,000 ▶		None		

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		None

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter 'None' See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		None

Part III Statements About Activities (See instructions)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 50,403. 50,403.
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

Yes No

1	X	
2a		X
2b		X
2c		X
2d	X	
2e		X
3a		X
3b		X
3c		X
4a		X
4b		X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

b Do you have a section 403(b) annuity plan for your employees?

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(v). (Also complete the **Support Schedule** in Part IV-A)

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	948,364.	981,633.	717,310.	452,700.	3,100,007.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	192.				192.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	948,556.	981,633.	717,310.	452,700.	3,100,199.
24 Line 23 minus line 17	948,556.	981,633.	717,310.	452,700.	3,100,199.
25 Enter 1% of line 23	9,486.	9,816.	7,173.	4,527.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 62,004.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,062,032.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,100,199.
d Add: Amounts from column (e) for lines:	18 192.	19	26b 2,062,032.		26d 2,062,224.
e Public support (line 26c minus line 26d total)					26e 1,037,975.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 33.48 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add. Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		50,403.
38 Total lobbying expenditures (add lines 36 and 37)	38		50,403.
39 Other exempt purpose expenditures	39		1,435,708.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		1,486,111.
41 Lobbying nontaxable amount. Enter the amount from the following table --			
If the amount on line 40 is --	The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		55,903.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		0.
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	223,611.	208,015.	156,517.	130,810.	718,953.
46 Lobbying ceiling amount (150% of line 45(e))					1,078,430.
47 Total lobbying expenditures	50,403.	13,750.	9,500.	10,200.	83,853.
48 Grassroots non-taxable amount	55,903.	52,004.	39,129.	32,703.	179,739.
49 Grassroots ceiling amount (150% of line 48(e))					269,609.
50 Grassroots lobbying expenditures	0.	0.	0.	5,400.	5,400.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Donations	3,000.	3,000.		
Bank charges	1,310.	80.	1,230.	
Insurance	6,410.		6,410.	
Utilities	3,794.	3,510.	126.	158.
Printing				
Lobbying	50,403.	50,403.		
Other	865.	503.	362.	
Repairs and maint.				
Total	65,782.	57,496.	8,128.	158.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Joseph Mendelson 660 Pennsylvania Ave., Wash., DC	Legal Director 32	75,197.	12,455.	0.

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Publicly traded securities held in Painewebber	9,358.	10,378.
Total	9,358.	10,378.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture and equipment	49,444.	12,045.	37,399.

Form 990, Page 4, Part IV, Lines 57a & 57b

Continued

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
<u>Fixed assets are capitalized and depreciated over the estimated useful lives of 3-7 years.</u>			
<u>Depreciation expense amounted to \$8,153 for the year ended December 31, 2005</u>			
Total	<u>49,444.</u>	<u>12,045.</u>	<u>37,399.</u>

Explanation Statement

Form/Line: Form 990, Part V-A line 75b
 Explanation of: Relationship of Officers, Trustees, & Highly Compensated Employees

Andrew Kimbrell and Joseph Mendelson were partners in Kimbrell & Mendelson LLP, a limited liability partnership established to provide low cost legal services to non-profit organizations. In 2006, Kimbrell & Mendelson LLP ceased operations on May 25, 2006.

Explanation Statement

Form/Line: Form 990, Part V-A line 75c
 Explanation of: Receipt of Compensation from Other Companies

Andrew Kimbrell receives \$26,765 in compensation and \$2,736 in benefits from the International Center for Technology Assessment, a 501(c)3 organization under common control. Benefit detail: Health Ins. \$2,463, LTD \$39, 401k \$234.

Joseph Mendelson receives \$17,723 in compensation and \$2,734 in benefits from the International Center for Technology Assessment, a 501(c)3 organization under common control. Benefit detail: Health Ins. \$2,462, LTD \$38, 401k \$234.

ICTA's Federal EIN# 52-1909699.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Unrealized gain on investments	884.
2004 audit adjustments related to reducing accounts payable at 12/31/04	143,644.
Total	<u>144,528.</u>

Supporting Statement of:

Form 990 p 5/Part V-A, Column (D)-2

Description	Amount
Andrew Kimbrell:	
Health insurance	11,217.
LTD insurance	179.
401k contribution	1,066.
Total	<u>12,462.</u>

Supporting Statement of:

Form 990 p 5/Part V-A, Column (D)-6

Description	Amount
Joseph Mendelson:	
Health insurance	11,218.
LTD insurance	171.
401k contribution	1,066.
Total	<u>12,455.</u>

Center for Food Safety

Federal Form 990

Page 2, Part III

Statement of Program Service Accomplishments

Address the impacts of our food production systems on human health, animal welfare, and the environment. Protect the integrity of the national organic standards and evolve the ethic of organic agriculture. Ensure proper regulation through FDA and USDA of genetically engineered fish and aquaculture. Explore the environmental and health issues of foods that have been altered through recombinant DNA technology and address increasing concerns and the impact of such foods in our society, and address the human health impacts associated with the expansion of food irradiation technology.

Total: \$1,391,533

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	The Center for Food Safety		52-2165893
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
660 Pennsylvania Ave., #302			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Washington DC 20036			

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **The Center**
Telephone No **(202) 547-9359** FAX No **(202) 547-9429**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until Nov 15, 2006

5 For calendar year 2005, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension The information necessary to ensure the filing of a proper return has not yet been obtained. Once this information is made available the return will be filed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

Signature and Verification

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

Signature Amy Joy Title CPA Date 08/04/06

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other. _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Larson, Allen, Weishair & Co., LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number 2900 South Quincy Street, Suite 150 City or town, province or state, and country (including postal or ZIP code) Arlington VA 22206