See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

For the 2007 calendar year, or tax year beginning and ending

C Name of organization
SLOW FOOD U.S.A., INC.

D Employer identification number
13-4100161

E Telephone number
718-260-8000

G Website: N/A

J Organization type [check only one]: [x] 501(c)(3) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 501(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 9b, 9c, and 10b to line 12

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:
   a Contributions to donor advised funds
   b Direct public support (not included on line 1a)
   c Indirect public support (not included on line 1a)
   d Government contributions (grants) (not included on line 1a)
   e Total (add lines 1a through 1d) (cash $1,276,662, noncash $)

2 Program service revenue including government fees and contracts (from Part V)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents
   b Less: rental expenses

7 Other investment income (describe)

8 Gross amount from sales of assets other than inventory
   a Gross amount from sales of assets other than inventory
   b Less: cost or other basis and sales expenses
   c Gain or (loss) (attach schedule)
   d Net gain or (loss). Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule). If any amount is from gaming, check here
   a Gross receipts (not including $) of contributions reported on line 10a
   b Less: direct expenses other than fundraising expenses
   c Net income or (loss) from special events. Subtract line 9b from line 9a

10 Gross sales of inventory, less returns and allowances
   a Gross sales of inventory, less returns and allowances
   b Less: cost of goods sold
   c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1a, 2, 3, 4, 5, 6a, 6b, 7, 8d, 9a, 10a, 10b, 11, and 12

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

18 Excess or (deficit) for the year. Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 19, 20, and 21

SEE STATEMENT 1

SEE STATEMENT 1

G17 2007
### 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.

<table>
<thead>
<tr>
<th>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a Grants paid from donor advised funds (attach schedule)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(cash $ ________________ noncash $ ________________</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td>22b Other grants and allocations (attach schedule)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(cash $ ________________ noncash $ ________________</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td>23</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>25a Compensation of current officers, directors, key employees, etc. listed in Part V-A</td>
<td>176,125</td>
<td>105,906</td>
<td>32,619</td>
<td>37,600</td>
</tr>
<tr>
<td>25b Compensation of former officers, directors, key employees, etc. listed in Part V-B</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26 Salaries and wages of employees not included on lines 25a, b, and c</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>27 Pension plan contributions not included on lines 25a, b, and c</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>28 Employee benefits not included on lines 25a - 27</td>
<td>28</td>
<td>28</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td>31</td>
<td>31</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>32 Legal fees</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>33 Supplies</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>34 Telephone</td>
<td>34</td>
<td>34</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>36 Occupancy</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td>38</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>39 Travel</td>
<td>39</td>
<td>39</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>41 Interest</td>
<td>41</td>
<td>41</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc. (attach schedule)</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>43 Other expenses not covered above (itemize)</td>
<td>1,295,298</td>
<td>1,130,809</td>
<td>80,299</td>
<td>84,190</td>
</tr>
<tr>
<td>44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td>1,471,423</td>
<td>1,236,715</td>
<td>112,918</td>
<td>121,790</td>
</tr>
</tbody>
</table>

**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 $ N/A ; (II) the amount allocated to Program services $ N/A ; (III) the amount allocated to Management and general $ N/A ; and (IV) the amount allocated to fundraising $ N/A.
Form 990 (2007)  
SLOW FOOD U.S.A., INC.  
13-4100161  
Page 3

### Part III | Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<table>
<thead>
<tr>
<th>What is the organization's primary exempt purpose?</th>
<th>SEE STATEMENT 2</th>
</tr>
</thead>
</table>

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

#### a) SPONSORED EVENTS

(Grants and allocations $ ) If this amount includes foreign grants, check here □ 1,236,715.

#### b

(Grants and allocations $ ) If this amount includes foreign grants, check here □

#### c

(Grants and allocations $ ) If this amount includes foreign grants, check here □

#### d

(Grants and allocations $ ) If this amount includes foreign grants, check here □

#### e) Other program services (attach schedule)

(Grants and allocations $ ) If this amount includes foreign grants, check here □

#### f) Total of Program Service Expenses (should equal line 44, column (B), Program services) □ 1,236,715.
### Part IV | Balance Sheets

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

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Cash - non-interest-bearing</td>
<td>407,350.</td>
<td>955,412.</td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>47 a Accounts receivable</td>
<td>47a 21,308.</td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>47b 17,120.</td>
<td>21,308.</td>
</tr>
<tr>
<td>48 a Pledges receivable</td>
<td>48a</td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>48b</td>
<td></td>
</tr>
<tr>
<td>49 Grants receivable</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>50 a Receivables from current and former officers, directors, trustees, and key employees</td>
<td>50a</td>
<td></td>
</tr>
<tr>
<td>b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>50b</td>
<td></td>
</tr>
<tr>
<td>51 a Other notes and loans receivable</td>
<td>51a 1,215,549.</td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>51b 935,674.</td>
<td>279,875.</td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>54 a Investments - publicly-traded securities</td>
<td>Cost</td>
<td>FMV</td>
</tr>
<tr>
<td>b Investments - other securities</td>
<td>Cost</td>
<td>FMV</td>
</tr>
<tr>
<td>55 a Investments - land, buildings, and equipment: basis</td>
<td>55a</td>
<td></td>
</tr>
<tr>
<td>b Less accumulated depreciation</td>
<td>55b</td>
<td></td>
</tr>
<tr>
<td>56 Investments - other</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>57 a Land, buildings, and equipment basis</td>
<td>57a 37,916.</td>
<td></td>
</tr>
<tr>
<td>b Less: accumulated depreciation STMT 3</td>
<td>57b 23,312.</td>
<td>17,039.</td>
</tr>
<tr>
<td>58 Other assets, including program-related investments (describe DEPOSITS)</td>
<td>6,363.</td>
<td>6,363.</td>
</tr>
<tr>
<td>59 Total assets (must equal line 74) Add lines 45 through 58</td>
<td>447,872.</td>
<td>1,277,562.</td>
</tr>
<tr>
<td>60 Accounts payable and accrued expenses</td>
<td>26,799.</td>
<td>38,727.</td>
</tr>
<tr>
<td>61 Grants payable</td>
<td>363,113.</td>
<td>519,031.</td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>64 a Tax-exempt bond liabilities</td>
<td>64a</td>
<td></td>
</tr>
<tr>
<td>b Mortgages and other notes payable</td>
<td>64b</td>
<td>96,000.</td>
</tr>
<tr>
<td>65 Other liabilities (describe SEE STATEMENT 4)</td>
<td>173,021.</td>
<td>177,239.</td>
</tr>
<tr>
<td>66 Total liabilities. Add lines 60 through 65</td>
<td>562,933.</td>
<td>830,997.</td>
</tr>
<tr>
<td>Organizations that follow SFAS 117, check here X and complete lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67 through 69 and lines 73 and 74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67 Unrestricted</td>
<td>-264,768.</td>
<td>-199,708.</td>
</tr>
<tr>
<td>68 Temporarily restricted</td>
<td>149,707.</td>
<td>646,273.</td>
</tr>
<tr>
<td>69 Permanently restricted</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117, check here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 70 through 74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 Capital stock, trust principal, or current funds</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>71 Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>72 Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 and 72 (Column (A) must equal line 19 and column (B) must equal line 21)</td>
<td>-115,061.</td>
<td>446,565.</td>
</tr>
<tr>
<td>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>447,872.</td>
<td>1,277,562.</td>
</tr>
</tbody>
</table>

Form 990 (2007)
**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| a | Total revenue, gains, and other support per audited financial statements | 2,033,030 |
| b1 | Amounts included on line a but not on Part I, line 12: |
| b2 | 1 Net unrealized gains on investments |
| b3 | 2 Donated services and use of facilities |
| b4 | 3 Recoveries of prior year grants |
| | 4 Other (specify): |
| b | Add lines b1 through b4 |
| c | Subtract line b from line a |
| d | Amounts included on Part I, line 12, but not on line a: |
| d1 | 1 Investment expenses not included on Part I, line 6b |
| d2 | 2 Other (specify) |
| d | Add lines d1 and d2 |
| e | Total revenue (Part I, line 12). Add lines c and d |

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

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

**Part V-A Current Officers, Directors, Trustees, and Key Employees**

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 5</td>
<td></td>
<td>176,125</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Part V-A  Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings: 13

75b X

75c X

75d X

Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.

(A) Name and address

(B) Loans and Advances

(C) Compensation (if not paid, enter -0-)

(D) Contributions to employee benefit plans & deferred compensation plans

(E) Expense account and other allowances

Part VI  Other Information (See the instructions)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change: X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? X

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? X

78b X

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? X

81a Enter direct and indirect political expenditures (See line 81 instructions) 0

81b X

X
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>82a</th>
<th>82b</th>
<th>83a</th>
<th>83b</th>
<th>84a</th>
<th>84b</th>
<th>85a</th>
<th>85b</th>
<th>85c</th>
<th>85d</th>
<th>85e</th>
<th>85f</th>
<th>85g</th>
</tr>
</thead>
<tbody>
<tr>
<td>82a 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? (See instructions in Part III)</td>
<td></td>
<td></td>
<td>X</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
<td></td>
<td></td>
<td>X</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</td>
<td></td>
<td></td>
<td>X</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84a Did the organization solicit any contributions or gifts that were not tax deductible?</td>
<td></td>
<td></td>
<td>X</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?</td>
<td></td>
<td></td>
<td>X</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85b Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85c Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85d Taxable amount of lobbying and political expenditures (line 85a less 85e)</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85e Does the organization elect to pay the section 6033(e) tax on the amount on line 85e?</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>85f 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?</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86b Gross receipts, included on line 12, for public use of club facilities</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87 501(c)(12) organizations Enter: a Gross income from members or shareholders</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>88a 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 &quot;Yes,&quot; complete Part IX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Part XI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0. ; section 4912 0. ; section 4955 0.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>89b 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 &quot;Yes,&quot; attach a statement explaining each transaction</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>89d Enter: Amount of tax on line 89c, above, reimbursed by the organization</td>
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</tr>
<tr>
<td>89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?</td>
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</tr>
<tr>
<td>89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?</td>
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</tr>
<tr>
<td>89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
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</tr>
<tr>
<td>90a List the states with which a copy of this return is filed</td>
<td></td>
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</tr>
<tr>
<td>90b Number of employees employed in the pay period that includes March 12, 2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>91a The books are in care of</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ERIKA LESSER Telephone no.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Located at</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 JAY STREET, BROOKLYN, NY ZIP + 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>91b 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)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>91c If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
Part VII | Analysis of Income-Producing Activities
(See the instructions)

Note: Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) Exclusion code</th>
<th>(D) Amount</th>
<th>(E) Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM_FEES</td>
<td>23,736</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare/Medicaid payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees and contracts from government agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>633,654</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest on savings and temporary cash investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends and interest from securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss) from real estate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt-financed property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not debt-financed property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss) from personal property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other investment income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) from sales of assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from special events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS INCOME</td>
<td>51,465</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVERTISING</td>
<td>23,246</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBLICATIONS INCOME</td>
<td>24,267</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal (add columns (B), (C), and (E))</td>
<td>0</td>
<td>0</td>
<td>756,368</td>
<td></td>
</tr>
<tr>
<td>Total (add line 104, columns (B), (D), and (E))</td>
<td>756,368</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Line 105 plus line 1e, 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).

| 93 SPONSORED EVENTS TO EDUCATE AND ACCOMPLISH ORGANIZATION'S PURPOSES |
| 103 MISCELLANEOUS INCOME TO ACCOMPLISH ORGANIZATION'S PURPOSES |

Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities
(See the instructions)

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If &quot;Yes,&quot; complete the schedule below for each controlled entity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name, address, of each controlled entity</td>
<td>(B) Employer Identification Number</td>
<td>(C) Description of transfer</td>
<td>(D) Amount of transfer</td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If &quot;Yes,&quot; complete the schedule below for each controlled entity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name, address, of each controlled entity</td>
<td>(B) Employer Identification Number</td>
<td>(C) Description of transfer</td>
<td>(D) Amount of transfer</td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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. The information or prepare (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ERIKA LESSER, EXECUTIVE DIRECTOR

Date: November 17, 2008

Preparer's signature: RENEE CLARK

Date: 11/13/08

Check if self-employed:  

EIN: 00202944

Phone no. 336.889.5156
### SCHEDULE A
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information:** (See separate instructions.)

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

---

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

**Name of the organization:** SLOW FOOD U.S.A., INC.

**Employer identification number:** 13-4100161

---

**Part I**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.”)

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number of other employees paid over $50,000**

- 0

---

**Part II-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.”)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number of others receiving over $50,000 for professional services**

- 0

---

**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 page 2 of the instructions.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number of other contractors receiving over $50,000 for other services**

- 0
### Part III Statements About Activities

(See page 2 of the 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 $__________________ $__________________ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)
   - **Yes**

2. **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.**

3. **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?
   - d. Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? **See Part V-A, Form 990**
   - e. Transfer of any part of its income or assets?

4. **a. Did the organization make grants for scholarships, fellowships, student loans, etc.?**
   - b. Did the organization have a section 403(b) annuity plan for its employees?
   - c. Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? **If Yes, attach a detailed statement**
   - d. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

5. **a. Did the organization maintain any donor advised funds?**
   - b. Did the organization make any taxable distributions under section 4966?
   - c. Did the organization make a distribution to a donor, donor advisor, or related person?
   - d. Enter the total number of donor advised funds owned at the end of the tax year **N/A**
   - e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **N/A**
   - f. Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **0**
   - g. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year **0**
**Part IV** Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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)(vi). 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)(vii).

(Also complete the Support Schedule in Part IV-A.)

11a  □ 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)(viii). (Also complete the Support Schedule in Part IV-A.)

11b  □ A community trust. Section 170(b)(1)(A)(vii). (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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

□ Type I  □ Type II  □ Type III-Functionally Integrated  □ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Employer identification number (EIN)</th>
<th>(c) Type of organization (described in lines 5 through 12 above or IRC section)</th>
<th>(d) Is the supported organization listed in the supporting organization’s governing documents?</th>
<th>(e) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
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</tr>
</tbody>
</table>

Total

14 □ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the 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.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2005</th>
<th>(c) 2004</th>
<th>(d) 2003</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received</td>
<td>560,077</td>
<td>342,043</td>
<td>202,178</td>
<td>1,104,298</td>
<td></td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td>499,500</td>
<td>515,491</td>
<td>414,051</td>
<td>1,429,042</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>215,853</td>
<td>119,590</td>
<td>198,143</td>
<td>533,586</td>
<td></td>
</tr>
<tr>
<td>18 Gross income from interest, dividends, amounts received from payments on security loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td>SEE STATEMENT 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets</td>
<td>46,316</td>
<td>80,615</td>
<td>119,476</td>
<td>246,407</td>
<td></td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>0</td>
<td>1,321,746</td>
<td>1,057,739</td>
<td>933,848</td>
<td>3,313,333</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td>1,105,893</td>
<td>938,149</td>
<td>735,705</td>
<td>2,779,747</td>
<td></td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td>13,217</td>
<td>10,577</td>
<td>9,338</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations described on lines 10 or 11

- **a** Enter 2% of amount in column (e) line 24
- **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 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return**
- **c** Total support for section 509(a)(1) test: Enter line 24, column (e)
- **d** Add: Amounts from column (e) for lines: 22
  - 26b
  - 26d
  - 26f
  - 26g
  - 26h

#### 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: N/A
  - (2006)
  - (2005)
  - (2004)
  - (2003)
- **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: N/A
  - (2006)
  - (2005)
  - (2004)
  - (2003)
- **c** Add: Amounts from column (e) for lines: 17
  - 16
  - 21
  - 27c
  - 27d
  - 27e
  - 27f
  - 27g
  - 27h
- **d** Add: Line 27a total and line 27b total
- **e** Public support (line 27c total minus line 27d total)
- **f** Total support for section 509(a)(2) test: Enter amount on line 23, column (e)
  - 27i
  - N/A
- **g** Public support percentage (line 27e (numerator) divided by line 27f (denominator))
- **h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

#### Unusual Grants

For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

NONE

Schedule A (Form 990 or 990-EZ) 2007

723131 12-27-07
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? Yes No

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? Yes No

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? Yes No

32. Does the organization maintain the following:
   a. Records indicating the racial composition of the student body, faculty, and administrative staff? Yes No
   b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Yes No
   c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes No
   d. Copies of all material used by the organization or on its behalf to solicit contributions? Yes No

33. Does the organization discriminate by race in any way with respect to:
   a. Students' rights or privileges? Yes No
   b. Admissions policies? Yes No
   c. Employment of faculty or administrative staff? Yes No
   d. Scholarships or other financial assistance? Yes No
   e. Educational policies? Yes No
   f. Use of facilities? Yes No
   g. Athletic programs? Yes No
   h. Other extracurricular activities? Yes No

34. a. Does the organization receive any financial aid or assistance from a governmental agency? Yes No
   b. Has the organization's right to such aid ever been revoked or suspended? Yes No

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? Yes No

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)
Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>Affiliated group totals</th>
<th>To be completed for all electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>N/A</td>
</tr>
<tr>
<td>37</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>Total lobbying expenditures (add lines 36 and 37)</td>
<td>38</td>
</tr>
<tr>
<td>39</td>
<td>Other exempt purpose expenditures</td>
<td>39</td>
</tr>
<tr>
<td>40</td>
<td>Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>40</td>
</tr>
<tr>
<td>41</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table -</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>The lobbying nontaxable amount is -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not over $500,000</td>
<td>20% of the amount on line 40</td>
</tr>
<tr>
<td></td>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 10% of the excess over $500,000</td>
</tr>
<tr>
<td></td>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td></td>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td></td>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>42</td>
<td>Grassroots nontaxable amount (enter 25% of line 41)</td>
<td>42</td>
</tr>
<tr>
<td>43</td>
<td>Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36</td>
<td>43</td>
</tr>
<tr>
<td>44</td>
<td>Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38</td>
<td>44</td>
</tr>
</tbody>
</table>

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 on page 13 of the instructions.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2006</th>
<th>(c) 2005</th>
<th>(d) 2004</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Lobbying nontaxable amount</td>
<td>0</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>46</td>
<td>Lobbying ceiling amount (150% of line 45(e))</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Total lobbying expenditures</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Grassroots nontaxable amount</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grassroots ceiling amount (150% of line 48(e))</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>50</td>
<td>Grassroots lobbying expenditures</td>
<td>0</td>
<td></td>
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</tbody>
</table>

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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:

| 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.
51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash  
(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

b Sharing of facilities, equipment, mailing lists, other assets, or paid employees

c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

<table>
<thead>
<tr>
<th>(a) Line no.</th>
<th>(b) Amount involved</th>
<th>(c) Name of noncharitable exempt organization</th>
<th>(d) Description of transfers, transactions, and sharing arrangements</th>
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</thead>
<tbody>
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</tbody>
</table>

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule:

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
SLOW FOOD U.S.A., INC.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION AMOUNT

ADJUSTMENT TO PRIOR PERIOD - DECREASE TO NET DEFICIT 19.

TOTAL TO FORM 990, PART I, LINE 20 19.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 2

EXPLANATION

AN EDUCATIONAL ORGANIZATION DEDICATED TO THE PROMOTION OF STEWARDSHIP OF THE LAND AND ECOLOGICALLY SOUND FOOD PRODUCTION; TO THE REVIVAL OF THE KITCHEN AND DINING TABLE AS CENTERS OF PLEASURE, CULTURE, AND COMMUNITY; TO THE INVIGORATION OF REGIONAL, SEASONAL, CULINARY TRADITIONS; AND TO LIVING A SLOWER AND MORE HARMONIOUS RHYTHM OF LIFE.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION COST OR OTHER BASIS ACCUMULATED DEPRECIATION BOOK VALUE

EQUIPMENT 37,916. 23,312. 14,604.

TOTAL TO FORM 990, PART IV, LN 57 37,916. 23,312. 14,604.

FORM 990 OTHER LIABILITIES STATEMENT 4

DESCRIPTION BEGINNING OF YEAR END OF YEAR

DUE TO AFFILIATED ORGANIZATION 171,576. 158,531.

AGENCY FUNDS DUE TO OTHERS 1,445. 18,708.

TOTAL TO FORM 990, PART IV, LINE 65 173,021. 177,239.

STATEMENT(S) 1, 2, 3, 4
### SLOW FOOD U.S.A., INC.

#### FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVRG HRS/WK</th>
<th>COMPENSATION</th>
<th>EMPLOYEE BEN PLAN CONTRIB</th>
<th>EXPENSE ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETER DE GARMO</td>
<td>BOARD MEMBER 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>5439 SE LINCOLN PORTLAND, OR 97215</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALLEN KATZ</td>
<td>CHAIR 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>237 E. 5TH ST. #3 NEW YORK, NY 10003</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JEFFREY ROBERTS</td>
<td>TREASURER 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>5 1/2 EMMONS ST. #2 MONTPELIER, VT 05602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KELLY GIBSON</td>
<td>SECRETARY 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2125 W. CORTEZ CHICAGO, IL 60622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEANOR BERTINO</td>
<td>BOARD MEMBER 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>1822 MASON STREET SAN FRANCISCO, CA 94133</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTOPHER CARPENTER</td>
<td>VICE CHAIR 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>1815 OAK ST. NAPA, CA 94559</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNNNE FRAME</td>
<td>BOARD MEMBER 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>38 HELENS LANE MILL VALLEY, CA 94941</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNN EVE KOMAROMI</td>
<td>BOARD MEMBER 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>545 PIERCE ST. #1301 ALBANY, CA 94706</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIULIO COLOMBA</td>
<td>BOARD MEMBER 10.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>20 JAY ST., SUITE 313 BROOKLYN, NY 11201</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERIKA LESSER</td>
<td>EXEC. DIRECTOR 40.00</td>
<td>68,000.</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>811 CORTELYOU RD., #2L BROOKLYN, NY 11218</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GINA FIORILLO</td>
<td>DIR. OF DEVE. 40.00</td>
<td>53,125.</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>157 CARROLL PL. STATEN ISLAND, NY 11201</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SLOW FOOD U.S.A., INC.  

JIM BRAUN  
625 SOUTH NEW ST., APT. 2  
NAPA, CA 94559  
BOARD MEMBER  
10.00  
0.  
0.  
0.  

MAKALE FABER  
369 ATLANTA AVE. #4  
BROOKLYN, NY 11217  
PROGRAM DIRECTOR  
40.00  
55,000.  
0.  
0.  

KURT MICHAEL FRIESE  
22 RIVERSIDE DR., NE  
IOWA CITY, IA 52240  
BOARD MEMBER  
10.00  
0.  
0.  
0.  

JOSH VIERTEL  
309 EDWARDS ST., APT. J  
NEW HAVEN, CT. 06512  
BOARD MEMBER  
10.00  
0.  
0.  
0.  

TOTALS INCLUDED ON FORM 990, PART V-A  
176,125.  
0.  
0.  

FORM 990  
IDENTIFICATION OF RELATED ORGANIZATIONS  
STATEMENT 6  
PART VI, LINE 80B  

NAME OF ORGANIZATION  
EXEMPT  
NONEXEMPT  
SLOW FOOD INTERNATIONAL (AFFILIATE), ITALY  
X  

SCHEDULE A  
OTHER INCOME  
STATEMENT 7  

DESCRIPTION  
2006 AMOUNT  
2005 AMOUNT  
2004 AMOUNT  
2003 AMOUNT  

MISCELLANEOUS INCOME  
0.  
20,780.  
50,111.  
82,073.  

ADVERTISING INCOME  
0.  
25,536.  
30,504.  
37,403.  

TOTAL TO SCHEDULE A, LINE 22  
0.  
46,316.  
80,615.  
119,476.  

STATEMENT(S) 5, 6, 7
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. 
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. You must file original and one copy**

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLOW FOOD U.S.A., INC.</td>
<td>13-4100161</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, town or post office, state, and ZIP code</th>
<th>For IRS use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROOKLYN, NY 11201</td>
<td></td>
</tr>
</tbody>
</table>

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

- Form 990 [ ]
- Form 990-EZ [ ]
- Form 990-T (sec. 401(a) or 408(a) trust) [ ]
- Form 1041-A [ ]
- Form 5227 [ ]
- Form 8870 [ ]
- Form 990-BL [ ]
- Form 990-PF [ ]
- Form 990-T (trust other than above) [ ]
- Form 4720 [ ]
- Form 6069 [ ]

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 the care of [ ] ERIKA LESHER

  Telephone No [ ] 718-260-8000 FAX No [ ]

- 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 organization's four digit Group Exemption Number (GEN) [ ] If this is for the whole 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 [ ] NOVEMBER 15, 2008

5. For calendar year [ ] 2007, or other tax year beginning [ ], and ending [ ]

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. ADDITIONAL TIME IS REQUESTED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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. [ ] $ [ ] 8a

8b. 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. [ ] $ [ ] 8b

8c. 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. [ ] $ [ ] N/A

**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 [ ]

Title [ ] EXECUTIVE DIRECTOR

Date [ ]

Form 8868 (Rev. 4-2008)
Form 8868
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I — Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8609, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

<table>
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<th>Type of print</th>
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<tbody>
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<td>13-4100161</td>
<td></td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

20 JAY STREET, NO. 313

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BROOKLYN, NY 11201

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

[X] Form 990

☐ Form 990-BL

☐ Form 990-EZ

☐ Form 990-PF

☐ Form 990-T (corporation)

☐ Form 990-T (sec 401(a) or 408(a) trust)

☐ Form 990-T (trust other than above)

☐ Form 1041-A

☐ Form 4720

☐ Form 5227

☐ Form 6069

☐ Form 8870

The books are in the care of [ ]

ERIKA LESSER

Telephone No: [ ] 718-260-8000

FAX No: [ ]

☐ 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 organization’s four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until [ ] AUGUST 15, 2008 [ ] calendar year 2007 or [ ] tax year beginning ______, and ending ______.

2 If this tax year is for less than 12 months, check reason:

☐ Initial return

☐ Final return

☐ Change in accounting period

3a 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.

| 3a | $ |

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

| 3b | $ |

c Balance Due. Subtract line 3b from line 3a. 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.

| 3c | N/A |

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)
Form 8868 (Rev. 4-2008)  

Page 2

- 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

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<td>SLOW FOOD U.S.A., INC.</td>
<td>13-4100161</td>
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</tbody>
</table>

- File by the extended due date for filing the return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions

20 JAY STREET, NO. 313

City, town or post office, state, and ZIP code For a foreign address, see instructions

BROOKLYN, NY 11201

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

- Form 990 ☑ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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 the care of: ERIKA LESSER
- Telephone No: 718-260-8000 FAX No. ▶ ▶

- 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 organization's four digit Group Exemption Number (GEN) ☑. If this is for the whole 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 NOVEMBER 15, 2008.

5. For calendar year 2007, or other tax year beginning ________ , and ending ________

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

Additional time is requested in order to gather the information necessary to prepare a complete and accurate tax return.

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. 8a $ 8b $ 8c N/A

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 ETFPS (Electronic Federal Tax Payment System). See instructions.

Signature: [Signature]
Title: CPA
Date: 8-5-08

Form 8868 (Rev. 4-2008)