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Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

and ending JUN 30,

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

JUL 1, 2016

b Open to Public Inspection

OMB No. 1545-0047

Check if applicable: C Name of organization D Employer identification number X Address change FOOD RECOVERY NETWORK INC. Name change **-***6775 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 615-8813 4321 HARTWICK ROAD, SUITE 316 (240)termin-ated 470,436. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return COLLEGE PARK, MD 20740 H(a) Is this a group return Applica-F Name and address of principal officer: REGINA ANDERSON Yes X No for subordinates? pending 17 17TH STREET, WASHINGTON, DC 20003 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.FOODRECOVERYNETWORK.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2011 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: FOOD RECOVERY NETWORK UNITES Activities & Governance STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 10135 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 575,692. 450,407. Contributions and grants (Part VIII, line 1h) Revenue 4,428.6,613. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 9,832. 3.041. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 583,161. 466,852. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,322. 13,481. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 320,696. 286,665. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 174,169. 157,619. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 520,187. 457,765. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,974. 9,087. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 197,001. 205,718. Total assets (Part X, line 16) 8,801. 9,171. 21 Total liabilities (Part X, line 26) Net/ 187,830**.** 196,917. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Yann Luler Signature of officer 10/24/2019 Sign REGINA ANDERSON, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature JACQUELINE M. REARDON, CP 10/24/19 P00242411 Paid self-employed Firm's name ROSEN, SAPPERSTEIN & FRIEDLANDER, Firm's EIN Preparer Firm's address 405 YORK ROAD Use Only TOWSON, MD 21204 Phone no. (410) 581-0800X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

05708001

Pai	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: FOOD RECOVERY NETWORK UNITES STUDENTS ON COLLEGE AND UNIVERSITY	
	CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE BY RECOVERING PERISHABLE	
	FOOD THAT WOULD OTHERWISE GO TO WASTE FROM THEIR CAMPUSES AND THE SURROUNDING COMMUNITIES AND DONATING IT TO PEOPLE IN NEED.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	ı
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 265,142. including grants of \$ 13,481.) (Revenue \$ 5,493	
	FOOD RECOVERY NETWORK EXPANDED ITS PROGRAM REACH AND IMPACT. IT REACHE	<u></u>
	TWO MILLION POUNDS OF FOOD RECOVERED, AND ESTABLISHED STUDENT-LED	
	CHAPTERS ON 42 MORE CAMPUSES, BRINGING THE TOTAL TO 230.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}	
<u>4e</u>	Total program service expenses ► 265,142.	2010
	Form 990 (2	:U16)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			**
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		v
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		ZJa		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			$\overline{}$
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	27	<u> </u>

Form 990 (2016) FOOD RECOVERY NETWORK INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l _	10			
	filed for the calendar year ending with or within the year covered by this return		18		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					Х
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		aller a comme	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		х
h	If "Yes," enter the name of the foreign country:	accou	iii) !	44		- 11
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	nte (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
-	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	-14	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
р 11	Section 501(c)(12) organizations. Enter:	נוטט	<u>l</u>			
		11a				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						Λ
Sec	tion A. Governing Body and Management					
		Î Î	4 A 🗆		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		··· ├	_		
Ü	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4				4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		··· ⊢			X
5	Did the organization become aware during the year of a significant diversion of the organization's as		··· ⊢	5		
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?		L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		Li	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?		L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi					
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		T ₁	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c		'' F			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	10b	Х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		Х
b		before filling the form	' H	ı ıa		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100		Х
12a		to conflicted	⊢	12a		- 21
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk		··· ├'	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done		··· ⊢	12c		v
13	Did the organization have a written whistleblower policy?		⊢	13		X
14	Did the organization have a written document retention and destruction policy?		<u>L</u>	14		Λ
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization		1	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nization's				
	exempt status with respect to such arrangements?		1	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s on	ly) ava	ailab	е	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and fi	inand	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:				
	DANIELLE KING, OPERATIONS AND FINANCE MANAGER - (2		3			
		20740-3210				

Form **990** (2016)

05708001

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization (A) Name and Title	(B)		(C) Position					(D) Reportable	(E)	(F) Estimated	
Name and the	Average hours per week	box	not c , unle	heck ss pe id a d	more rson	than	h an	compensation	Reportable compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) TIM KUNIN EXTERNAL AFFAIRS	1.75	x			4			0.	0.	0	
(2) ERNIE MINOR	3.00	^						0.	0.		
BOARD PRESIDENT	3.00	x		х				0.	0.	0	
(3) NOSHEEN AHMAD	1.75						Ť				
GOVERNANCE CHAIR		х						0.	0.	0	
(4) JESSICA ROMERO EXTERNAL AFFAIRS	1.75	X						0.	0.	0	
(5) BOB GRIMM	3.00	^						0.	0.	U	
PRESIDENT	3.00	X	\cup	x				0.	0.	0	
(6) JEREMY KUGEL	1.75										
TREASURER		Х		Х				0.	0.	0	
(7) KRISTINE YOUNG	1.75	. ,						0		0	
INTERNAL AFFAIRS	1.75	Х					_	0.	0.	0	
(8) BECCA KAGAN BOARD MEMBER	1.75	X						0.	0.	0	
(9) BEN CHESLER	1.75										
SECRETARY		Х		Х				0.	0.	0	
(10) BEN SIMON	1.75										
BOARD MEMBER		Х						0.	0.	0	

Part VII Section A. Officers,	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title		(B) Average			(C Posi	C) ition	1		(D) Reportable	(E) Reportable			(F) mated
		hours per	box	not c	ss pe	rson i	is bot	h an	compensation	compensation		amo	ount of
		week (list any	_	cer an	uau	recio	or/trus	(ee)	from the	from related			ther
		hours for	direct				æ		organization	organizations (W-2/1099-MIS		-	ensation m the
		related	stee or	ustee			ensate		(W-2/1099-MISC)	•	´	orga	nization
		organizations below	nal trus	onal tr		oloyee	ee ee						related izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	iizatioi is
			_)	×	- 0						
			_		4								
1b Sub-total									0.		0.		0.
c Total from continuation s								>	0.		0.		0.
d Total (add lines 1b and 1d								<u> </u>	0.		0.		0.
2 Total number of individuals	· ·	ot limited to th	ose	liste	ed al	OOV	e) wł	no r	eceived more than \$100	0,000 of reportable)		0
compensation from the org	ganization -												res No
3 Did the organization list an	y former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	[
line 1a? If "Yes," complete	Schedule J for su	uch individual									[3	Х
4 For any individual listed on													77
and related organizations												4	X
5 Did any person listed on lir rendered to the organization		-				-		eiai	ed organization or indiv	idual for services	- 1	5	х
Section B. Independent Contr		oroto Corrodan	00,	0, 00	1011	00,0	,011						
1 Complete this table for you											oens	ation fro	om
the organization. Report co	•	he calendar y	ear (endi	ng v	vith	or w	ithir T		year.		(C)	
Nar	(A) me and business a	address	NO	ONE	3				(B) Description of s	ervices	С	(C) ompens	
								_					
2 Total number of independe	ont contractors (in	acludina but =	O+ 15	mita	d + ^	tha	SO 11:	nto c	d abovo) who recaived =	oro than			
2 Total number of independer \$100,000 of compensation	•	-	iot III	mie	u 10		se IIS)	siec	above) who received fi	IOIE IIIdH			
												Eorm 9	90 (2016)

632008 11-11-16

Pa	rt V		Statement of Reven			a in their David VIII			
			Check if Schedule O conta	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 8	a Fe	derated campaigns	1a					3.2 3.1
Contributions, Gifts, Grants and Other Similar Amounts			embership dues						
s, G Am			ndraising events						
Sift lar /			elated organizations						
imil			overnment grants (contributi						
tion r S	1	All	other contributions, gifts, grant	ts, and					
ibu		sim	nilar amounts not included abov	/e 1f	450,407.				
d O	(9 Nor	ncash contributions included in lines	1a-1f: \$					
<u>ම</u> ල		ո To	tal. Add lines 1a-1f		>	450,407.			
					Business Code				
Çe	2 8		ISCELLANEOUS I		812000	3,649.	3,649.		
ervi Je	ı	, <u>PI</u>	ROGRAM SERVICE		812000	2,964.	2,964.		
n Si	(·							
Jrar Rev	(d							
Program Service Revenue		•							
ъ.			other program service reve			6 612			
			tal. Add lines 2a-2f			6,613.			
	3		vestment income (including		-				
	4		ner similar amounts) come from investment of tax				*		
	5		yalties						
	3	110	yaities	(i) Real	(ii) Personal				
	6 :	a Gr	oss rents	(i) Fical	(ii) i cisoriai				
			ss: rental expenses						
			ental income or (loss)						
			et rental income or (loss)						
			oss amount from sales of	(i) Securities	(ii) Other				
		ass	sets other than inventory						
	ı) Le	ss: cost or other basis						
		an	d sales expenses						
	(Ga	ain or (loss)						
	(d Ne	et gain or (loss)		>				
Other Revenue	8 8		oss income from fundraising cluding \$	•					
}ev		CO	ntributions reported on line	1c). See					
er F			ırt IV, line 18						
oth			ss: direct expenses		0.	10 050			10 050
			et income or (loss) from fund	-	<u></u>	10,952.			10,952.
	9 a		oss income from gaming ac						
			ırt IV, line 19						
			ss: direct expenses						
			et income or (loss) from gam		·····				
	10 a		oss sales of inventory, less		2,464.				
			d allowances		2 5 2 4				
			ss: cost of goods sold			-1,120.	-1,120.		
		: Ne	et income or (loss) from sales Miscellaneous Revenue		Business Code		1,120.		
	11 8	a a	MISOCIIANEOUS NEVENU		Dusiness Code				
		· —							
			other revenue						
			tal. Add lines 11a-11d						
	12		tal revenue. See instructions.			466,852.	5,493.	0.	10,952.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 13,481 13,481 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25,782. 257,827. 141,805. 90,240. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,271. 8,271. Other employee benefits 9 20,567. 11,312. 2,057. 7,198. Payroll taxes 10 Fees for services (non-employees): a Management Legal 14,640. 14,640. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 321. 321. Advertising and promotion 12 1,359. 6,795. 5,436. Office expenses 13 6,356. 5,085. 1,271. Information technology 14 Royalties 15 1,934. 4,274. 19,335. 13,534. 3,867. 16 Occupancy 17,097. 12,823. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 7,345. 7,345. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 58,089. 41,764. 16,325. CONTRACTORS 19,581. 2,083. **MISCELLANEOUS** 27,641. 5,977. С d All other expenses 457,765 265,142. 70,569 122,054. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note	to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		197,001.	1	205,718.
2				2	
3				3	
			4		
5					
	trustees, key employees, and highest compensate	ed employees. Complete			
	Part II of Schedule L			5	
6					
	section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section	n 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). C	Complete Part II of Sch L		6	
7	Notes and loans receivable, net			7	
8				8	
9				9	
10a					
	-	10a			
b				10c	
11	-			11	
12				12	
13				13	
14			14		
15				15	
16			197,001.	16	205,718
17			9,171.	17	8,801
18			18		
19				19	
20				20	
21		484 48 4 4 8		21	
22					
	The state of the s				
				22	
23				-	
				24	
25					
		· · · · · · · · · · · · · · · · · · ·		25	
26		F	9,171.	26	8,801
27	- · ·		152,830.	27	196,917
28			35,000.	28	0 .
29				29	
		,			
30				30	
31	Paid-in or capital surplus, or land, building, or equi			31	
		F		-	
32	Retained earnings, endowment, accumulated inco	ome, or other funds		32	
32 33	Retained earnings, endowment, accumulated incommentation and the second retained earnings. Total net assets or fund balances	F	187,830.	32	196,917.
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 1 22 23 24 25 26 27 28 29 30	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L 6 Loans and other receivables from other disqualifies section 4958(f)(1)), persons described in section 4 employers and sponsoring organizations of section employees' beneficiary organizations (see instr). C 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part II of Schedule L 22 Loans and other payables to current and former of key employees, highest compensated employees Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), complete lines 20 through 34. Capital stock or trust principal, or current funds and complete lines 30 through 34.	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets O	1 Cash - non-interest-bearing 197,001. 2 Savings and temporary cash investments 19Pedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 10 loans and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 lob 11 Investments - other securities. See Part IV, line 11 lintangible assets 11 Investments - other securities. See Part IV, line 11 lintangible assets 15 Other assets. Sed lines 1 through 15 (must equal line 34) 197, 001. 3 Taccounts payable and accrued expenses 9, 171. 4 Accounts payable and accrued expenses 9, 171. 5 Total assets. Add lines 1 through 15 (must equal line 34) 197, 001. 5 Secured mortgages and notes payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelate	Cash - non-interest-bearing 197,001. 1

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			352.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4		765.				
3	Revenue less expenses. Subtract line 2 from line 1	3		•	87.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	37,8	330.				
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	1	96,9	17.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Ш				
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?		20						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit						
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits								

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOOD RECOVERY NETWORK INC.

Employer identification number **-***6775

Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions.						
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative		· ·			ii).						
4	一	A medical research organiz					•	the hospital's name.					
•		city, and state:	a operatea ee.	.,uu				,					
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in					
J		section 170(b)(1)(A)(iv). (C		inege of drilversity owner	и ог орста	ica by a g	overnmental and accord)CG 1					
				والموانية والموادية المادية		70/L\/4\/A\	(. A						
6	X	A federal, state, or local gov											
7	77												
_		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	\vdash												
9		An agricultural research org	=			-		-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	e or					
		university:											
10		An organization that norma											
		activities related to its exen											
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	-										
11	\vdash	An organization organized a	•										
12		An organization organized a	•	-	•		•						
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in					
		lines 12a through 12d that	* -			•							
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting					
		organization. You must o	complete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving					
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported					
	_	organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,					
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.						
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functio	nally integrated support	ng organiz	zation.							
f	Ente	er the number of supported o	organizations										
g		ride the following information		<u> </u>	(i.) I. H								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Tota	al												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	107,479.	269,745.	367,160.	575,692.	450,407.	1,770,483.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	107,479.	269,745.	367,160.	575,692.	450,407.	1,770,483.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						170,770.
_6	Public support. Subtract line 5 from line 4.						1,599,713.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	107,479.	269,745.	367,160.	575,692.	450,407.	1,770,483.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,770,483.
12	Gross receipts from related activities,	· ·				12	5,537.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. \Box
800	organization, check this box and storection C. Computation of Publ		rcentage				> L
				- L (4)			90.35 %
	Public support percentage for 2016 (I					14	
15	Public support percentage from 2015					15	<u>%</u>
Ioa	33 1/3% support test - 2016. If the c	•		•		•	
h	stop here. The organization qualifies33 1/3% support test - 2015. If the organization						
	and stop here. The organization qual						IS DOX
17a	10% -facts-and-circumstances tes						or more
174	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances tes						
J	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
<u></u>		ala 1101 011001(a	200000000000000000000000000000000000000	a, 100, 114, 01 111	, 5110011 1110 DOX 0	555	

Schedule A (Form 990 or 990-EZ) 2016

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

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

Se	ction A. Public Support	ciow, picade com	piete i uit ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		` ,	` ′	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					+	
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	%
	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) 17 %						0/
17						17	%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2016. If the						
ŀ	more than 33 1/3%, check this box are 33 1/3% support tests - 2015. If the	organization did ı	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly sup	oorted organization	▶∐
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check ti	his hox and see ir	estructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	res	NO
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
•		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(SOMMON)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	J		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.					
	other Type III non-functionally integrated supporting organizations must com-	nplete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

Pai	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provi	de details in Part VI). See instructions			
9	Distrib	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distrib	outable amount for 2016 from Section C, line 6			
2		distributions, if any, for years prior to 2016 (reason-			
-		ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
a	Εποσο	o distributions carry over, if any, to 2010.			
b					
	From	2013			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		over from 2011 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
-	line 7:				
а		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	ero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		I. See instructions			
7		s distributions carryover to 2017. Add lines 3			
	and 4	- I			
8		down of line 7:			
а					
	Exces	s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			

Schedule A (Form 990 or 990-EZ) 2016