Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury

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

Inspection

OMB No. 1545-0047

			ending c	D Employer identific	ation number				
В	Check if applicable			D Employer identific	cation number				
X	Addre chang Name								
	chang	Doing business as		**-*	** 6775				
L	□Initial return □Final return	,	Room/suite) 615-8813				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	719,519.				
	Amen return	ded COTTECE DADE MD 20740		H(a) Is this a group re					
	Application	F Name and address of principal officer:REGINA ANDERSON		for subordinates					
pending 17 17TH STREET, WASHINGTON, DC 20003 H(b) Are all subordinates included? Yes									
		empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) D	or 527	If "No," attach a	list. (see instructions)				
		te: WWW.FOODRECOVERYNETWORK.ORG		H(c) Group exemption	n number 🕨				
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2011 N	State of legal domicile; MD				
Pa	art I	Summary		<u>. </u>					
_	1	Briefly describe the organization's mission or most significant activities: FOOD	RECOV	VERY NETWORK	UNITES				
Governance		STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOO	OD WAS	STE AND FEED	PEOPLE.				
ern	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as					
Š	1			3	10				
8		Number of independent voting members of the governing body (Part VI, line 1b)			10				
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			12				
Ĭξ		Total number of volunteers (estimate if necessary)			8608				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		450,407.	674,452.				
enr	9	Program service revenue (Part VIII, line 2g)		6,613.	34,716.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,832.	6,110.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		466,852.	715,279.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,481.	41,858.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		286,665.	281,288.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.				
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	12.	455 640	465 400				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		157,619.	165,133.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		457,765.	488,279.				
	19	Revenue less expenses. Subtract line 18 from line 12		9,087.	227,000.				
Net Assets or Fund Balances			В	eginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		205,718.	423,917.				
at As	21	Total liabilities (Part X, line 26)		8,801.	0.				
		Net assets or fund balances. Subtract line 21 from line 20		196,917.	423,917.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is				
true	, correc	ct, and complete. Degrafation of preparer (other than officer) is based on all information of wh	nich prepare						
		Signature of Officer		10/24/201 Date	.9				
Sig		,		Date					
Hei	re	REGINA ANDERSON, EXECUTIVE DIRECTOR Type or print name and title							
		,		Date Check	PTIN				
D - '		Print/Type preparer's name Preparer's signature			P100 d P00242411				
Preparer Firm's name NOSEN, SAPPERSTEIN & FRIEDLANDER, LLC Firm's EIN **-**38									
Use	Only	Firm's address 405 YORK ROAD			10) 501 0000				
		TOWSON, MD 21204		Phone no. (4					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form	1 990 (2017) FOOD RECOVERY NETWORK INC.	**-***6	775	Page 2
	rt III 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 UNITES OF C			<u> </u>
	CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE BY RECOVER		SHABL	·Ε
	FOOD THAT WOULD OTHERWISE GO TO WASTE FROM THEIR CAMPUS			
	SURROUNDING COMMUNITIES AND DONATING IT TO PEOPLE IN NE			
2	Did the organization undertake any significant program services during the year which were not listed on the			
2	prior Form 990 or 990-EZ?		Yes [X No
	If "Yes," describe these new services on Schedule O.	- г		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services' If "Yes," describe these changes on Schedule O.	? L	Yes [_A_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total exp	oenses, ai	nd
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 270,360 • including grants of \$ 41,858 •) (Reversed)	nue \$	36,1	.97.)
	THE FOOD RECOVERY NETWORK, INC. CONTINUED TO EXPAND ITS	PROGRAM		
	SERVICES. FOOD RECOVERY NETWORK REACHED THREE MILLION F	OUNDS OF	SURF	LUS
	FOOD RECOVERED AND EXPANDED PROGRAMS LIKE REGIONAL OUTR	EACH		
	COORDINATORS, MOVE OUT FOR HUNGER AND OUR ALUMNI PROGRA	М.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4c	(Code:) (Expenses \$	nue \$)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$})	
<u>4e</u>	Total program service expenses ▶ 270,360.		_ ^^	
			Form 99	0 (2017)

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)?		v		
_	If "Yes," complete Schedule A	1	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2			
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		Х	
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		Х	
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		Х	
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, 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	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11.5			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х	
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		Х	
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		X	
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?			v	
	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		Λ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	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	טדו			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		X	

Form **990** (2017)

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		X
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		X
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		Х
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		Х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	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?			
55	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	12-12-1 Com and include and required to complete derivation of	, 55		

Form 990 (2017) FOOD RECOVERY NETWORK INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v					ᆜ			
			1 0		Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-		able gaming	4.					
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 I	I	1c					
Za		20	12						
h	filed for the calendar year ending with or within the year covered by this return	2a		2b	Х				
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20					
3а				За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
	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			
b If "Yes," enter the name of the foreign country: ▶									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	or gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					Х			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	1		7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	7e		х			
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 									
f g	If the organization, during the year, pay premiums, directly of intellectly, on a personal benefit confidence of the organization received a contribution of qualified intellectual property, did the organization file Fo			7 f 7g		Х			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
		-	-	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ı	I						
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b	<u> </u>	40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	Í	12a					
а 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
u	Note. See the instructions for additional information the organization must report on Schedule O.			134					
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							
	Did the considering and the constant of the fact of the control of			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b					
				Form	990	(2017)			

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			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 relationship 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 direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 appoint one or			
	more members of the governing body?	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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	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 arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD		1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	- ساعا	-:-!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► KATIE AGUILA, OPERATIONS COORDINATOR - (240) 615-8813			
	4321 HARTWICK ROAD, SUITE 316, COLLEGE PARK, MD 20740-3210			

Form **990** (2017)

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.

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BILL MCCONAGHA ASSOCIATE BOARD MEMBER	1.75	x			4			0.	0.	0
(2) PERTEET SPENCER	1.75	<u>^</u>						0.	0.	
ASSOCIATE BOARD MEMBER	1.73	$ \mathbf{x} $						0.	0.	0
(3) TIM KUNIN	1.75									
ASSOCIATE BOARD MEMBER		Х						0.	0.	0
(4) ERNIE MINOR	3.00	x		х				0.	0.	0
BOARD PRESIDENT (5) NOSHEEN AHMAD	1.75	╇		^				0.	0.	0
GOVERNANCE CHAIR	1.75	x	\cup					0.	0.	0
(6) JESSICA ROMERO	1.75									
ASSOCIATE BOARD MEMBER		Х						0.	0.	0
(7) CLAIRE CUMMINGS	1.75	x						0.	0.	0
EXTERNAL AFFAIRS CHAIR (8) KELLY MOLER	1.75	╇						0.	0.	0
TREASURER	1.73	X		х				0.	0.	0
(9) TED MONK	3.00	1,,							0	0
ASSOCIATE BOARD MEMBER (10) REGINA ANDERSON	40.00	X						0.	0.	0
EXECUTIVE DIRECTOR	40.00	1		х				78,555.	0.	0
		T								
		<u> </u>								
		T								
		\vdash								
		1								
		\vdash								
		-								
		+			1		l			

Form **990** (2017)

05708001

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploye	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	I (do not check more than or					one	Reportable	Reportable			timate	
	hours per week			ss pei id a di				compensation	compensation from related			ount c other	of
	(list any	.to						from the	organization			oensat	ion
	hours for	or direc				ted		organization	(W-2/1099-MI			om the	
	related	istee o	trustee			bensa		(W-2/1099-MISC)				anizatio	
	organizations below	ual tru	ional 1		ploye	t com	١.					l relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orga	inzatio	113
		\Box	_	Ü	×								
		$\vdash \vdash$											
		-											
		\vdash											
		廾											
		$\vdash\vdash$											
		-		4									
		\vdash											
		Щ	4					70 555					_
1b Sub-total						.)		78,555.		0.			0.
c Total from continuation sheets to Pard Total (add lines 1b and 1c)								78,555.		0.			0.
Total number of individuals (including but								<u> </u>	L 2,000 of reportab				<u> </u>
compensation from the organization						-,		•	,				C
										ļ		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for a schedule J for	, ,		′	•	•	,	•		. ,		3		Х
4 For any individual listed on line 1a, is the								her compensation from			-		
and related organizations greater than \$			-					•	ino organization		4		Х
5 Did any person listed on line 1a receive									idual for services	3			
rendered to the organization? If "Yes," c	omplete Schedul	e J fo	or su	ıch j	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest	componented in	dono	ndo	nt c	onti	racto	ore t	that received more than	\$100,000 of cor	nnone	ation f	rom	
the organization. Report compensation										препа	ationii	OIII	
(A)				_				(B)			(C		
Name and busine	ess address	NO	INE	5				Description of s	services		comper	isatior	
							_						
										<u> </u>			
2 Total number of independent contractor		not lin	nite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the org	anization >					<u> </u>					Form 9	200 (2	017)

Pa	rt VII	Statement of Revenue					-
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Am Am	С	Fundraising events 1c					
la la	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e					
er je	f	All other contributions, gifts, grants, and					
혈취		similar amounts not included above 1f	674,452.				
a de	g	Noncash contributions included in lines 1a-1f: \$					
<u>a</u> 0	h	Total. Add lines 1a-1f		674,452.			
		NAME OF THE OWNER BEING THE	Business Code	10 500	10 500		
ice	2 a		812000	12,500.	12,500.		
ne v	b		812000	10,271.	10,271.		
m S	С	OTHER INCOME	812000	8,205.	8,205. 3,740.		
gra Re	d	FOOD RECOVERY VERIFIED	812000	3,740.	3,740.		
Program Service Revenue	е						
_	f	1 9		34,716.			
		Total. Add lines 2a-2f		34,/10.			
	3	Investment income (including dividends, inter		1.			1.
	4	other similar amounts)		1.			1.
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6 2		(ii) i eisonai				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	(ii) Gariot				
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
a		Gross income from fundraising events (not					
Other Revenue		including \$ of					
e e		contributions reported on line 1c). See					
┈		Part IV, line 18 a	5,252.				
₹	b	Less: direct expenses b	()				
١	С	Net income or (loss) from fundraising events		4,629.			4,629.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	. <u></u>				
	10 a	Gross sales of inventory, less returns	F 000				
		and allowances a	5,098.				
		Less: cost of goods sold b		1 401	1 401		
-	С	Net income or (loss) from sales of inventory		1,481.	1,481.		
-	4.	Miscellaneous Revenue	Business Code				
	11 a						
	b						
	C						
		All other revenue					
	12	Total. Add lines 11a-11d Total revenue. See instructions.		715,279.	36,197.	0.	4,630.
	14	19791189. 000 IIIOU UUUUIIO		, _ , _ ,	,,•	<u>~ .</u>	,

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 41,858. 41,858 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, 86,615. 86,615. 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) 51,395. 164,760. 26,287. 87,078. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,940. 2,662. 7,278. Other employee benefits 9 2,044. 19,973. 11,158. 6,771. Payroll taxes 10 Fees for services (non-employees): a Management Legal $4,\overline{646}$ 4,646. 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.) 6,409. 6,409. Advertising and promotion 12 6,133. 1,227. 4,906. Office expenses 13 6,083. 1,516. 4,567. Information technology 14 Royalties 15 19,404. 27,720. 2,772. 5,544. 16 Occupancy 6,780 29,487. 22,707. 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 6,238. 6,238. 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.) 64,620. 25,409. 39,211. CONTRACTORS 13,797. **MISCELLANEOUS** 13,797. С d All other expenses 488,279 270,360. 75,307. 142,612. 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. Check here if following SOP 98-2 (ASC 958-720)

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Part X	Balance Sheet			
	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	205,718.	1	318,916
2	Savings and temporary cash investments	0.	2	105,001
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
တ္က	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹ ₈	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
t	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	205,718.	16	423,917
17	Accounts payable and accrued expenses	8,801.	17	0
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 23	key employees, highest compensated employees, and disqualified persons.			
a a	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	8,801.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S G	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	196,917.	27	423,917
g 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
, j	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	106 017	32	400 045
2 33	Total net assets or fund balances	196,917.	33	423,917
34	Total liabilities and net assets/fund balances	205,718.	34	423,917

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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		5,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,2	$\frac{79.}{00.}$			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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	42	3,9	<u> 17.</u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
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	O.		Yes	No			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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: X 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 separate	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 the		_		37			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200				
			Form	99U (2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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.					,				
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				inege of drilversity owner	и ог орста	ica by a g	overnmental and accord)CG 1				
		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)										
6	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	77			ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in				
_		section 170(b)(1)(A)(vi). (C		(4VAV 1) (0								
8	\vdash	A community trust describe										
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	71		,			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	269,745.	367,160.	575,692.	450,407.	674,452.	2,337,456.
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	269,745.	367,160.	575,692.	450,407.	674,452.	2,337,456.
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)						213,255.
	Public support. Subtract line 5 from line 4.						2,124,201.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013 269,745.	(b) 2014 367, 160.	(c) 2015 575, 692.	(d) 2016 450,407.	(e) 2017 674, 452.	(f) Total
	Amounts from line 4	269,745.	367,160.	5/5,692.	450,407.	6/4,452.	2,337,456.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						1
	and income from similar sources					1.	1.
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.)						2 227 457
	Total support. Add lines 7 through 10		`			40	2,337,457. 41,329.
12	Gross receipts from related activities,			-l fth ffth- t-		12	41,323.
13	First five years. If the Form 990 is for	•	, ,		•	n 50 I(c)(3)	▶□
Sec	organization, check this box and store ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2017 (<u> </u>	column (f))		14	90.88 %
	Public support percentage from 2016					15	96.35 %
	33 1/3% support test - 2017. If the o					<u> </u>	
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18							
			,	· · · · · ·			

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	siow, piedde com	piete i uri ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
2						+	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4						1	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities					1	
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5					1	
	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						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	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.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
<u></u>	check this box and stop here						> L
	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))		15	%
	Public support percentage from 2016 ction D. Computation of Inves					16	%
	· · · · · · · · · · · · · · · · · · ·					17	0/
17	Investment income percentage for 20					 	%
18	Investment income percentage from 2					18	%
198	19a 33 1/3 % support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
ŀ	33 1/3% support tests - 2016. If the	organization did ı	not check a box or	n line 14 or line 19a	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 st	top here. The orga	ınization qualifies a	as a publicly supp	orted 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
1		
2		
За		
3b		
_		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
00		
6		
7		
8		
0-		
9a		
9b		
0.0		
9с		
10a		
10b		
IUU		

Pa	rt IV Supporting Organizations (continued)			<u>-</u> -
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
	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		·	<u> </u>
	71 11 0 0		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			
	71 11 3 3		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 ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	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	O1-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŭ	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		
	or its supported organizations in 100, substituting in a fact of played by the organization in this regard.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) S				
	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amour	nts paid to supported organizations to accomplish exe			
2	Amour	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provid	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2017			
а					
b	From 2013				
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i		over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib line 7:	utions for 2017 from Section D,			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6		ning underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4d				
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
е	Excess	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017