Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545 0047

Open to Public Inspection

Α	For the 2	016 calen	dar yea	r, or tax	year begir	ining		, 201	16, an	nd endin	ig			,		
В	Check if app	olicable	C									D	Employer i	dentification r	ıumber	
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	Amend	led return									1		Gross recei		<u> </u>	<u>650.</u>
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			Same	As C	Above						Are If 'N	all subor lo,' attacl	dinates inc n a list (se	:luded? e instructions)	Yes	No
- -	Tax-exem	npt status	- X 501((c)(3)	-501(c)(-) - (-	insert no-)	- 4947(a)(1)) or	- 527						
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ĸ		organization	X Corr		Trust	Association	Other >		L Yea	r of format	ion 20	10	M State	e of legal dom	icile GA	
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Activities & Governance						n calendar y necessary)	ear zoro (i	art v, iiile	Zaj					6		- 0
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	b Ne	t unrelated	DUSINE	ess taxat	ne income	ROIII FOITH	990-111110		~- 	17 C 1. D 1. C 1	100	B.:				
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ø,	1		_		irt VIII, line		00	MAY 1	8) 6	2017			45,668	8.	95,	623.
Revenue	_	_		•	art VIII, lin		11 1				18			_		
ě	10 Inv	estment ir	ncome ((Part VIII	, column (A), lines 3,	4, and 7d)	000	= N	וויהר	****		1′	7.		27.
Œ						nes 5, 6d, 8										
						(must equa			, line	12)	Τ		45,68			650.
	13 Gra	ants and s	ımılar a	milar amounts paid (Part IX, column (A), lines 1-3)									49,41	1.	<u>66,</u>	027.
			to or for members (Part IX, column (A), line 4)													
	15 Sa	laries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)													
Expenses	16a Pro	ofessional	fundrai	fundraising fees (Part IX, column (A), line 11e)												
Ë	L To			<u> </u>												
×	D 101		-	es (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e)								· · · · ·		~	.,%	
_	17 00												4,20			738.
	1					equal Part I		(A), line 25)				53,61			765.
		venue les	s expen	ises Sub	tract line	18 from line	12						-7,93	0.	25,	885.
Assets or Balances											Begir	ning of	Current Y	ear E	nd of Yea	ar
\$ <u>\$</u>	20 Tot	tal assets											68,29	3.	94,	178.
\$ 6	21 To	tal liabilitie	es (Part	X, line	26)								1	0.		0.
N N N N N N N N N N N N N N N N N N N	22 Ne	t assets o	r fund b	alances.	Subtract	line 21 from	line 20						68,29	3	94.	178.
		Signatu											30,23	<u> </u>		
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (2016)

Form 990 (2016) Feeding The Ho		27-1739004 Page 2
	Service Accomplishments	
	a response or note to any line in this Part III	<u>U</u>
Briefly describe the organization's m		
<u>Feeding the homeless in</u>	n Atlanta, GA.	
2 Did the organization undertake any sign	nificant program services during the year which were not listed on the p	
Form 990 or 990-EZ?	inicant program services during the year which were not listed on the p	
If 'Yes,' describe these new services	on Schedule O	∐ Yes X No
	ng, or make significant changes in how it conducts, any program s	orwees? Ves V Ne
If 'Yes,' describe these changes on S		ervices? Yes X No
	service accomplishments for each of its three largest program ser	augos as maggurad by evacages
Section 501(c)(3) and 501(c)(4) orga	anizations are required to report the amount of grants and allocation	ons to others, the total expenses,
and revenue, if any, for each program	m service reported	
4a (Code) (Expenses \$		(Revenue \$)
Fed average of 250 to 3	300 homeless twice a month in downtown Atl	lanta, GA.
4 b (Code) (Expenses \$	including grants of \$) ((Revenue \$)
~		
4 c (Code) (Expenses \$	including grants of \$) ((Revenue \$)
		
	-	
4 d Other program services (Describe in	Schedule O)	
(Expenses \$	including grants of \$) (Revenue \$,
4 e Total program service expenses	66,027.	
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	•		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 (see instructions)?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	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 article on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part'!			X
		6	 -	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	£	4	
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
Ł	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	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	111		x
12 a	Did the orge zation c'itain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts AI and XII	12a		Х
Ł	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		Х
13	Is the organization a school described in section $170(b)(1)(A)(II)^2$ If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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 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 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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	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
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Form 990 (2016) Feeding The Homeless Project, Inc.

Rantiv Checklist of Required Schedules (continued)

	•		Yes	No
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the org nization report more than \$5,000 of grants or other assistance to any domestic organization or domestic gc rernment on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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
24	a 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		
	c 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		
25	a 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		х
	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? <i>If 'Yes,' complete Schedule L, Part I</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 orginization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions or applicable filing thresholds, conditions, and exceptions)		**	
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		x
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	c 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		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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	b 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? 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 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 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
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· ·	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				_ [
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	0 🚆	4	3
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0 🐬 🚶		7 .
	c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gamıng	1 c		*C
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	0	**************************************	
	b If at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	23%	M 7	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		\[\tilde{X}\]
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 b		
_4	a At any time during the calendar year, did the organization have an interest in ror a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a linear authority over, a	4a		Х
	b If 'Yes,' enter the name of the foreign country ▶		<i>3</i> " (3	*	- 3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).	9		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year ⁹	5 a		X
	${f b}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5 b		X
	c If 'Yes,' to ne 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		2, 5	2.%	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment services provided to the payor?	partly for goods and	7a	3	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	 	+
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is				
	Form 8282?		7 c	L	X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		Š. :	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f	ļ	X
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	J	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring	J. 7 62.	. 2%	. J. Lu .
_	organization have excess business holdings at any time during the year?	•	8	 -	
9			~	💥	
	a Did the sponsoring organization make any taxable distributions under section 4966?	. 2	9 a	<u> </u>	-
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	'son'	9 b	<u> </u>	ļ <u>-</u> 2
10	Section 501(c)(7) organizations. Enter	اءما			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a	`;		
	b Gross rece , ts, included on Form 990, Part VIII, line 12, for public use of club facilities	106	3	· ,	12 1
"	Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	1110	- "	,	
	- · · ·	11 a			·
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b			
12	ta Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	i i	12a	<u> </u>	 -
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		-	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		12-		
	a is the organization licensed to issue qualified health plans in more than one state?	lo O	13a		+
	Note. See the instructions for additional information the organization must report on Schedu	ie U			'
	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	13Ь			
	c Enter the amount of reserves on hand	13c			
14	a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	1	1

Form 990 (2016) Feeding The Homeless Project, Inc. 27-1739004 Page 6 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 Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members c?\$ of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. ů, **b** Enter the number of voting members included in line 1a, above, who are independent 33 2 Did any offic 'r, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 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**-Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 X 7 a 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? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 4 the following: X a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 120 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х b Other officers or key employees of the organization 15_b 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 taxable entity during the year? X 16a 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 safequard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the nane, address, and telephone number of the person who possesses the organization's books and records

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Part VII Con pensation 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

- 1 a 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 armount 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 nor any related organization compensated any current officer, director, or trustee

		(C)							
(A) Name and Title		(thar	n one l s both	box, an c	unles	eck more s person : and a ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	week (list any) hours for created tross below dotted line)		Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(1) Jim Rahm	0]							
Director	0	X			_		0.	0.	0.
(2) Weber Jodesty	0]							
Treasurer	0	X		X	L		0.	0.	0.
(3) John DeCouto	0] i							
Vice Chairman	0	X		Х			0.	0.	0.
(4) Timothy Farley	0					[
Director	0	Х					0.	0.	0.
(5) Brian Wren	0								
Director	0	X					0.	0.	0.
(6) David Heaton	0] '	1						
Secretary	0	Х		Х			0.	0.	0.
(7) Adriana Garcia	0]						_	
Director	0	X			<u>_</u>		0.	0.	0.
(8) Richard Cerretti	0]							
Director	0	X			L_		0.	0.	0.
(9) Chandler Spratlin	0								
Director	0	X		i			0,	0.	0.
(10) Barry Sunderland	0								
Director	0	X			L		0.	0.	0.
(11) Lee Ann Saxton	0								
Directo	0	X			L		0.	0.	0.
(12) Bill Muəller	0								
Chairman	0	X		Χ	_		0.	0.	0.
(13)									
(14)									
	L	Щ.							

(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)										
(17)		-								
(18)		-								
(19)				-						
(20)	 								 	
(21)										
(22)										
(23)										
(24)										
(25)										
b Sub-total c Total from continuation sheets to Part VII, Section of Total (add lines 1b and 1c)		-					► • • • • • • • • • • • • • • • • • • •	0. 0. 0.	0. 0. 0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	I to those I	sted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual 	f reportab	le co	mpe	ensa	ition	and	oth	er compensation		Yes No
Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen s <u>,'</u> comple	satio	n fr chea	om Iule	any <i>J to</i>	unre r suc	late h p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors									*100 000	
Complete this table for your five highest comper compensation from the organization. Report comper	isated indi	epen the c	deni alen	dar :	ntra year	endı	tha ng v	t received more the or within the or	nan \$100,000 of ganization's tax yea	ır
Name and business add	ress							Description (of services	(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	o the	se I	ısted	d abo	ve)	who received more	than	A series from the series
BAA		TEEAC	108L	11/1	16/16		_			Form 990 (2016)

		Check if Schedule C	contains a res	ponse or note to a	ny line in this Part \	√III		Γ
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	22		grants, and above 1 f	95,623.	95,623.	revenue		512-514
<u> </u>	1	Total. Add lines 2a-2f		•		4 7. 4	·	*
	3 4 5	Investment income (incother similar amounts) Income from investmer Royalties		•	27.	27.		*** >15 \$ ₆ &
	b c	Gross rents Less rental expenses Rental in me or (long)	(ı) Real	(II) Personal				
	7 a	Net rental income or (lo Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8a b	Gross income from fund (not including \$_ of contributions reported See Part IV, line 18 Less. direct expenses Net income or (loss) fro	d on line 1c)	a b events				
	b	Gross income from gam See Part IV, line 19 Less. direct expenses	ı	a b	,		,	3
	10a	Net income or (loss) fro Gross sales of inventory and allowances	, less returns	rities				
		Less: cost of goods sold Net income or (loss) fro Miscellaneous Revenu	m sales of inve	ntory ► Business Code				
	11 a b c				10 To 2000 1909 graduared			
	е	All other revenue Total. Add lines 11a-11c Total revenue. See instr	-	•				
BAA	-	. Jan 10 venue. See 115(f	uctions -	TEEA	95,650.	27.	0.	0. Form 990 (2016)

	Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				, , , , , , , , , , , , , , , , , , ,					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	66,027.	66,027.		100 200					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	. 0	0.	0.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other emplayee benefits									
10	Payroll taxu									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
	Accounting									
	Lobbying									
	Professional fundraising services See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·								
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion		**	,						
13	Office expenses	324.		324.						
14	Information technology	524.		521.						
	Royalties									
15	-									
16 17	Occupancy Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19 20	Conferences, conventions, and meetings Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	2,882.		2,882.						
24	Other expe ses. Itemize expenses not covered ab. /e (List .inscellaneous expenses in line 24ef line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			v	58 ×					
a	Postage and Shipping	319.		319.						
	Bank_Fees	148.		148.	<u> </u>					
•	Registration Fees	_65.		65.						
•										
6	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	69,765.	66,027.	3,738.	0.					
	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)				Form 000 (2015)					
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Pa	ıπ·χ	Check if School In O contains a response or note to any line in this Bort V			
		Check if Schedule O contains a response or note to any line in this Part X	(4)	1	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	68,293.	1	94,178.
	2	Savings and temporary cash investments	00,233.	2	34,470.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	<u>:</u> ا	,	,	-	", S.
	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		13	1823 A.M 1
		section 958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employeds and substraints of section 501(c)(9) voluntary employees'		> * *	
		-beneficiary organizations-(see-instructions) -Complete-Part-II-of-Schedule-L		-6-	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10-	Land, buildings, and equipment cost or other basis	. ,		/、*
	10 a	Complete Part VI of Schedule D. 10a	1. 1.4 (1.1)	1 5	
	Ь	Less accumulated depreciation 10b	w 's and when we will the war and the war	10 c	and the second second second
	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	1
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	68,293.	16	94,178.
	17	Accounts payable and accrued expenses		17	2 = / = 1.9.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
e S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		W	4
ap		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	22. de
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other Ir bilities (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	0.	26	0.
G		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete		, 3, . , 3, .	
Ses		lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	68,293.	27	94,178.
Ва	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	y n in the term	, %	** * * * * * * * * * * * * * * * * * *
χ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	68,293.	33	94,178.
Z	34	Total liabilities and net assets/fund balances	68,293.	34	94,178.
BA	A				Form 990 (2016)

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Forr	n 990 (2016) Feeding The Homeless Project, Inc	27- <u>17</u> 390 <u>04</u>	<u> </u>	Page 12		
Pa	tXI// 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	95	,650.		
2	Total exper es (murt equal Part IX, column (A), line 25)	2	69	,765.		
3	Revenue less expenses. Subtract line 2 from line 1	3	_25	,885.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	,293.		
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	94	,178.		
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
_			Ye	s No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			73 6 A		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	eviewed on a				
	Were the organization's financial statements audited by an independent accountant?		2 b	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a spasis, consolidated basis, or both	separate				
	Sepa ate basis Consolidated basis Both consolidated and separate basis					
	c if 'Yes' to line 2a or 2o, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2 c			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.)				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3 a	X		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 Ь			
BA				90 (2016)		
DAY	l e e e e e e e e e e e e e e e e e e e		LOHH 25	7U (∠∪10)		

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 Employer identification number 27-1739004 Feeding The Homeless Project, Inc Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's _name, city, and state __ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bx1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An orga 'zation that normally receives a substantial part of its support from a governmental unit or from the general public described in sectic n 170(b_x(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** | | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the i umber of supported organizations q Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (described on lines 1-10 (ii) EIN (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) above (see instructions)) (A) (B) (C) (D) **(E)** Total

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	tion A. Public Support						
	ndar year (or fiscal year nning 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')	36,757.	44,015.	104,928.	45,668.	95,623	326,991.
2	Tax revenu s levied for the organizations benefic and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge——						0
4	Total. Add lines 1 through 3	36,757.	44,015.	104,928.	45,668.	95,623	326,991.
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)						
6	Public support. Subtract line 5 from line 4						326,991.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	36,757.	44,015.	104,928.	45,668.	95,623	. 326,991.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business at tivities, whether or not the bus less is rigularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10	****	*******				326,991.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	-
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20			ne 11, column (f))	1	14	
	Public support percentage from		•			15	
1 6 a	33-1/3% support test—2016. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b plicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, che	ck this box
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more,	check this box
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he i	re. Explain in Pa	irt VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private fou dation. If the organization meets the 'facts-an Private fou dation. If the organization or the organization of the organization organiza	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Pa ted organization.	art VI how the
	uadon. " the organi	Zation did not che					
BAA					Scl	nedule A (Form	990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support	<u></u>					
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4)	(-),			(y	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts in luded on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)		<u> </u>	. 5. %			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11, an 112)			-			
14	First five ye rs. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul		ercentage				
15	Public support percentage for 20			ne 13, column (f))		15	
16	Public support percentage from 3		•			16	
	tion D. Computation of Inv			e			
	Investment income percentage for				ımn (fi)	17	%
18	Investment income percentage f	· · · · · · · · · · · · · · · · · · ·	* *	•	(1))	18	 %
	33-1/3% support tests-2016. If t	the organization d	id not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	
	is not more than 33-1/3%, check	inis hox and sini	n nere . The organ	nzation oualifies a	as a muhlicly sunni	orted organization	▶
b	33-1/3% support tests—2015. If I line 18 is not more than 33-1/3%	he organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 16	s more than 33-1	/3%, and

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.)

			Yes	No
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.	1	**************************************	
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)	2	, ************************************	*
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) bel w	3a		
	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	3b		. 33.
	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	3c	.A. 40.00000 V	- x / x -
4	a 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	4a	**************	
	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	4b	5	\$** \$**
	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	4c		
5	a 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)	5a	4.)	
	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?	5b	. 8.	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 if supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations? If 'Yes,' provide detail in Part VI .	6	ة ماكد صدي	
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)	ু 7		
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)	8		٠ . گئه
9	a 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 .	9a		, , , , , , , , , , , , , , , , , , ,
	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	9b		
	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	9c		
10	a 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	10a	s	-,
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

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

3a

	dule A (Form 990 or 990-EZ) 2016 Feeding The Homeless Project, I		27-17	39004 Page
Par	t.V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	niza	ntions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	Nov 20, 1970 (explain in ust complete Sections A	Part VI) See through E
Sec	tion`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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate air market value of all non-exempt-use assets (see instructions for short tax year or ssets h. !d for part of year)	-		
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)	*	× 40° 40° 4	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	T	
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		
Sec	tion 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	Distributab. · Amout. 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 interesting (see instructions)	egrate	d Type III supporting org	ganization
BAA			Schedule A (Fo	orm 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 Feeding The Homeless		27-17:	39004 Page 7
Par	t.V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	ions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organizations	1	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets	<u> </u>		
<u>_</u>	Qualified set-aside amounts (prior IRS approval required)	·····		
6	Other distributions (describe in Part VI) See instructions.	·		
7	Total annu 'distrib' tions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	. 1877		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016	· · · · · · · · · · · · · · · · · · ·	1. W. W.	. % *4
a			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	镇, 流、湖、
b				
C	From 2013			* () 3 %
d	From 2014	**** * * * * * * * * * * * * * * * * * *		
е	From 2015			7.5 (%)
1	Total of lines 3a through e		,	
a	Applied to underdistributions of prior years	W 15 4		
	Applied to 2016 distributable amount		`	V
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
'	Distributions for 2016 from Section D.	*** *** ***		
_	line 7 \$			
a	Applied to underdistributions of prior years			The St.
b	Applied to 2016 distributable amount	Sec Sec : 5		
c	Remainder, Subtract lines 4a and 4b from 4.			33 × 35
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c		* " " " "	* **
8	Breakdown of line 7	· .	·	4
а				** ;
b	Excess from 2013			, , ,
- 0	Excess from 2014			
d	Excess from 2015			

e Excess from 2016 BAA

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Feeding The Homeless Project, Inc. 27–1739004 Page 8

Part VI: Sup lemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. · (See instructions.)

(h) Purpose of grant or assistance **%** ⊠ Schedule I (Form 990) (2016) Open to Public OMB No 1545-0047 Employer identification number □Yes Pait II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 27-1739004 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990. TEEA3901L 11/03/16 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non cash assistance (d) Amount of cash grant 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 是就關了General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN Feeding The Homeless Project, 1 (a) Name and address of organization or government 11111 Department of the Treasury Internal Revenue Service ١ Name of the organization 1111 SCHEDULE I (Form 990) ١ ı |ୟ¦ **E** ල¦ € ତ୍ର¦ **©**¦ 0 **⊗**¦

age 2		
Pag	=	
27-1739004	orm 990, Part IV, line 22. Part I	
	tuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Pa	
Inc.	omplete	
Schedule I (Form 990) (2016) Feeding The Homeless Project,]	Partill [Grants and Other Assistance to Domestic Individuals.	can be duplicated if additional space is needed.
Feeding	r Assista	d if addit
Schedule I (Form 990) (2016)	Partill & Grants and Othe	can be duplicated

call be unplicate	call be duplicated if additional space is inconci-	ace is ileeded.				
(a) Type of grant or assistance	sistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Feeding the Homeless	less	6,000		66,027. Cost	Cost	Food and Supriles for Homeless
2						
m						
4						
· · · · · · ·						
9						
7						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	nformation. Provid	de the information	required in Part I,	line 2; Part III, col	umn (b); and any oth	er additional information.

Schedule I (Form 990) (2016)

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

Feeding The Homeless Project, Inc.

Employer identification number

27-1739004

Form 990, Part VI, Line 11b - Form 990 Review Process

Management will review thoroughly.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All-documents-and-returns-are-avai-lable-for-public-inspection upon_request._____