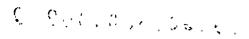
Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

	Depa	urtment of t	the Treasury e Service		ı security numbers on tnis <i>ov/Form990</i> for instructior				1814	Inspect		
	A			ndar year, or tax year beginning	 .	, 2017, and			nber 30	, 20 18		
	В			C Name of organization Bountiful B		, ,			D Employer identification number			
	Ď.	Address of		Doing business as			27-2824123					
	\Box	Name cha	· ·	Number and street (or P O box if ma	all is not delivered to street addi	ess) R	oom/suite		E Telephone			
	\exists	Initial retu	· I	3250 Dickerson Pike			16-226-8866					
	$\overline{\Box}$		/terminated	City or town, state or province, coun	try, and ZIP or foreign postal co	ide	103			10 220 0000		
	\exists	Amended		Nashville, TN 37207-2984	,				G Gross rece	ipts \$	533,815	
	$\overline{\sqcap}$		-	F Name and address of principal office	r William Northrup		l _H			ordinates? Ves		
	_	, ipplicatio	,	1914 Wildwood Avenue, Nashvi	••••••••		_			icluded? Tes	_	
	_	Tax-exem		✓ 501(c)(3)		(a)(1) or	527			t (see instruction		
	<u></u>	Website:	•	2 55 (6)(/ + (mook no / 🗅 404)	<u>197(17 01 — </u>	н	(c) Group (exemption nu	ımber ▶		
	K			Corporation Trust Associa	tion Other ▶	L Year o	f formation	2010		legal domicile	TN	
	Р	art I	Summa	ary								
		_		scribe the organization's miss	ion or most significant ac	tivities.						
	ė			ng day care providers for meals			tion to tho	se provic	iers.		••••	
	aŭ	i -				()	1.421					
	Governance	2	Check this	s box ▶ ☐ if the organization of voting members of the gove	discontinued its operation	ns or disp	osed of a	ere than	25% of its	net assets.		
	õ	3	Number o	of voting members of the gove	rning body (Part VI, line	al.			3		2	
	જ			of independent voting member		(PartVI) III			4		2	
65	Activities &			ber of individuals employed in		t Magaz	1 50%		5		5	
2019	ξ			iber of volunteers (estimate if i		\\\\\		. /cc/	6	-	4	
2	Ac			elated business revenue from f		12 .		[2].	7a			
APR 16				ated business taxable income			/^ X	% /	7b			
					· · · · · · · · · · · · · · · · · · ·			Prior Yea	ar	Current Ye	ar	
	a	8 (Contributi	ons and grants (Part VIII, line	1h)				590,288		533,815	
Ą	Revenue	. 9	Program s	service revenue (Part VIII, line :	2g)							
	ě	10 I	Investmen	nt income (Part VIII, column (A)), lines 3, 4, and 7d) .							
	Œ	11 (Other reve	enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and	11e)						
Ë		12	Total rever	nue-add lines 8 through 11 (m	nust equal Part VIII, colum	ın (A), line	12)		590,288		533,815	
SCANNED		13 (Grants and	d sımılar amounts paid (Part I)	X, column (A), lines 1-3)							
3		14	Benefits p	aid to or for members (Part IX	, column (A), line 4) .							
တ	s)	15	Salaries, o	ther compensation, employee b	penefits (Part IX, column (A	N), lines 5-1	10)		63,325		57,033	
	nse	16a 1	Profession	nal fundraising fees (Part IX, co	olumn (A), line 11e) .							
	Expenses			Iraising expenses (Part IX, colu					it		₹	
	û			enses (Part IX, column (A), line					526,433		475,076	
		18	Total expe	enses. Add lines 13-17 (must	equal Part IX, column (A)	, line 25)			589,758		532,109	
		19	Revenue I	less expenses. Subtract line 1	8 from line 12				530		1,706	
	ъ se							ning of Cur		End of Ye		
	Net Assets Fund Balanc	20	Total asse	ets (Part X, line 16)					49321		45,876	
	d Ass	21	Total liabil	lities (Part X, line 26)					38,009		32,858	
	훈	22	Net assets	s or fund balances. Subtract li	ne 21 from line 20 .				11,312		13,018	
	Pá	rt II	Signatu	ure Block								
				y, I declare that I have examined this r						knowledge and	belief, it is	
	tru	e, correct,	and comple	te Declaration of preparer (other than	officer) is based on all informati	on of which p	oreparer has a	any knowle	dge			
			Ny 1/1/	illean R 110	thrup			X	the	range	5201	
	Sig		Signat	ture of officer	,			Date	e	0		
	He	re	X /3	oard hair	<u></u>							
			', ''	or print name and title								
	Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check	PTIN		
		eparer	· <u> </u>						self-employ			
		e Only		me ▶				Firm*	's EIN ▶	<u> </u>		
			Firm's ad					Phon	ne no.			
	Ма	the IR	S discuss	this return with the preparer s	hown above? (see instru	ctions) .				Yes	☐ No	
	For	Paperw	ork Reduc	tion Act Notice, see the separat	te instructions.		Cat No. 112	282Y		Form 9	90 (2017)	



Total program service expenses ▶

Form 990 (2017) Page 2, **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: To reimburse day care providers for meals served to children. To do nutritional education for the day care providers. To monitor compliance with the guidelines of the program. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.) (Revenue \$ (Code.) (Expenses \$ 526,910 including grants of \$ Reimbursed an average of 59 day care homes for meals provided. Provided nutrition education to those homes. Over 500 children served on a daily basis. including grants of \$ _____) (Revenue \$ including grants of \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

526,910



	90 (2017)			Page 🤇
Part	Checklist of Required Schedules		r	
Ý	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_	,	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	√	1
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		√
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		√
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		1
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		1
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		√
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		· ✓
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		√
			000	/2017

Form 99	00 (2017)		• 1	Page 4
Part	Checklist of Required Schedules (continued)			
00	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	N ₂
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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		1
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		1
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		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
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		1
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		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		✓
32	Part I	31		1
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	32		√
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	33		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		✓
90	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>.</u>	
S.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 2a 4	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
ο-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ب		_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		 ✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶	70		<u>'</u>
b	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?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ.,
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
		7c		✓_
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8		^
9	Sponsoring organizations maintaining donor advised funds.	-i.,		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1 1		
a	Gross income from members or shareholders	ĺ		
b	Gross income from other sources (Do not net amounts due or paid to other sources		٠	
	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	· 10		'
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	•	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			\ \
С	Enter the amount of reserves on hand		'	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		Ė

	90 (2017)			Page (
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management		<u> </u>	<u> </u>
	ion a determined but you want to be a second to be		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		1
	If there are material differences in voting rights among members of the governing body, or	1		
	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 2	4		1
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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
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		1
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		1
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		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
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		√
14	Did the organization have a written document retention and destruction policy?	14		✓
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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	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?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			T
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		ļ
Secti	ion C. Disclosure	, .55		1
17	List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial 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 re	cords	>	
	Cotrenia Bridges, 3250 Dickerson Pike, Suite 103, Nashville, TN 37207			

Form 990 (2017)		Page 7

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box of lindividua	unles	Pos neck	rson	e is or the state of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ee	stee			nsated				2
(1) William Northrup President		1		1				-0-	-0-	-0
(2) Fay Delk Secretary (3)	ļ	1		✓		 		-0-	-0-	-0
(4)										
(5)				_						
(6)										
(7)										
(8)										
(10)				 						
(11)										
(12)										
(13)										
(14)	ļ									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week (list any	age box, unless person is be officer and a director/tn					an ee)	Reportable compensation		(F) Estimated m amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		compensation
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)		,									
(23)											
(24)									•		
(25)									•		
1b c d	Sub-total	VII, Sectio	n A					* * *			
2	Total number of individuals (including but reportable compensation from the organi	not limited) wl	ho received me		000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8										
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Yes	s, "	complete Sch	edule J for s	the
5	Did any person listed on line 1a receive of for services rendered to the organization?										lual lual
Section	on B. Independent Contractors			•							
1	Complete this table for your five highest of compensation from the organization. Rep year.										
	(A) Name and business add	ress						-	(B) Description of se	ervices	(C) Compensation
None											
	Total number of independent contracto	rs (includin	ıg bu	t no	ot I	ımıtı	ed to	the	ose listed abo	ove) who	
	received more than \$100,000 of compens								٠0.	-	

Form **990** (2017)

Part	VIII	Check if Schedule O contains a response or note to any line in this Part VIII									
Ū		Check if Schedule O	contains a re	esponse or note t	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns	<u>1</u>	a							
ara Iour	b	Membership dues .	1	b				ļ			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .			j						
Giff ilar	ď	Related organizations	-		4						
ns, Sim	e	Government grants (con		e 533,815	<u> </u>	i					
utio ier (f	All other contributions, gi and similar amounts not inc									
Q t	_	Noncash contributions includ	<u>-</u>		-						
ou	9 h	Total. Add lines 1a-1:			522.015						
	- 11	Total. Add lines 1a-1		Business Code	533,815						
enu	2a										
Rev	b			-							
ice	С										
Ser	d										
E	е										
Program Service Revenue	f	All other program sen						<u></u>			
٩_	g	Total. Add lines 2a-2	<u>f</u>	<u> </u>		<u> </u>	T	<u>, </u>			
	3	Investment income and other similar amo									
			•								
	4 5	Income from investment Royalties	•	•				-			
	3	noyalles	(i) Real	(ii) Personal							
	6a	Gross rents			1						
	b	Less: rental expenses		-	1						
	c	Rental income or (loss)			1						
	d	Net rental income or ((loss)	>							
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory			77.7		94.	į			
	b	Loss: cost or other basis			V, 25,250-11	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ř. •.			
		and sales expenses .						1			
	C	Gain or (loss)			Tales and the street	polarisa de la la como de	Harrist Control Cont	ATTENDED TO THE PARTY OF THE PA			
	d	Net gain or (loss) .		. <u> </u>	7. 1						
venue	8a	Gross income from fu	indraising		*	1, - 1, -					
a l		events (not including \$		ľ							
Ř		of contributions reported See Part IV, line 18 .			•						
Other R	_										
Ú	b	Less: direct expenses Net income or (loss) fi		b		,					
		Gross income from ga									
						(1) 1 ~	- •				
	ь	Less: direct expenses		b	الم المقالب المدان		The state of the s				
	С	Net income or (loss) fi		ctivities ►							
	10a	Gross sales of in			7	3-1					
		returns and allowance	es	а	(A) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A			İ			
	b	Less. cost of goods s		b	-	mile and distant	13.24.4.2.1	<u> </u>			
	С	Net income or (loss) fi									
	4.6	Miscellaneous H	evenue	Business Code							
	11a		••	-	-						
	b			-	-						
	d	All other revenue .	- 	-	 						
	e	Total. Add lines 11a-				orthography by		 			
	12	Total revenue. See in			533 815	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					

	90 (2017)				₄Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Al	Lother organization	s must complete colu	imp (A)
<u>Secur</u>	Check if Schedule O contains a respons				
Do no 8b, 9b	ot include amounts reported on lines 6b, 7b, b, 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				
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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	44,204	41,964	2,240	
9	Other employee benefits	9,447	9,164	283	
10	Payroll taxes	3,382	3,210	172	
11	Fees for services (non-employees):	ľ			· · · ·
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	177	177		
12	Advertising and promotion				
13	Office expenses	6,317	5,706	611	
14	Information technology				
15	Royalties				
16	Occupancy	10,416	9,687	729	
17 18	Payments of travel or entertainment expenses	1,425	1,425		
10	for any federal, state, or local public officials	ľ			
19	Conferences, conventions, and meetings .	38		38	
20	Interest	30			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,126		1,126	==
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	;			
	line 24e amount exceeds 10% of line 25, column				1
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food payments to day care providers	455,577	455,577		
b					
С					
d					<u></u>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	532,109	526,910	5,199	-0-
26	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)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
_,			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	13,658	1	14,171
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	35,618	3	31,705
	4	Accounts receivable, net	45		01,700
	5	Loans and other receivables from current and former officers, directors,	40	Ė	
	•	trustees, key employees, and highest compensated employees.			,
		Complete Part II of Schedule L		5	
	_	Loans and other receivables from other disqualified persons (as defined under section		Ť	i
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		55	
, <u>a</u>		organizations (see instructions). Complete Part II of Schedule L	,		
Assets	_	- · · · · · · · · · · · · · · · · · · ·		<u> </u>	
SS	7	Notes and loans receivable, net		7	
Q	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
		Less accumulated depreciation		10c	<u> </u>
	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)	49,321	16	45,876
	17	Accounts payable and accrued expenses	38,009		32,858
	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	
es	22	Loans and other payables to current and former officers, directors,	-		
iliti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. 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		26	
G		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ë		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	11,312	27	13,018
Ва	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ŏ		complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	11,312	33	13,018
	34	Total liabilities and net assets/fund balances	49,321	34	45,876

Form 9	90 (2017)			₽a	ıge 12	
Par	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			3,815	
2	Total expenses (must equal Part IX, column (A), line 25)	2	532,109			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,706		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,312		
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	3,018	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			r=	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		ŀ			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın				
	Schedule O.		<u> </u>			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or	1			
	reviewed on a separate basis, consolidated basis, or both:		ı		1	
	Separate basis Consolidated basis Both consolidated and separate basis		2b		一 」	
b	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	İ			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>			
С			-			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c			
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			1	
	Schedule O.		<u> </u>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3b			
			Forr	n 990	(2017)	

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.

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

OMB No 1545-0047
2017
Open to Public

Inspection

Name of the organization Employer identification number **Bountiful Basket Nutrition Program** 27-2824123 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses. acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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. 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) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (III) Type of organization (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

	(Complete only if you checked the Part III. If the organization fails to				_	•	alify under-
Secti	ion A. Public Support	s quamy arras		, р.		,	
	idar 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.")	793,747	784,166	774,192	590,288	533,815	3,476,208
2	Tax revenues levied for the organization'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	793,747	784,166	774,192	590,288	533,815	3,476,208
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						3,476,208
	on B. Total Support	·					
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016_	(e) 2017	(f) Total
7	Amounts from line 4	793,747	784,166	774,192	590,288	533,815	3,476,208
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			7			3,4766,208,
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-			•		, , , ,
	organization, check this box and stop he			<u> </u>	<u></u>	<u>.</u>	· · > _
	on C. Computation of Public Suppor	<u>_</u>					.
14	Public support percentage for 2017 (line		•			14	100 %
15 16a	Public support percentage from 2016 Scl 33 ¹ / ₃ % support test—2017. If the organ					15	100 %
IUa	box and stop here. The organization qua						
b	331/3% support test—2016. If the organi						
•	this box and stop here. The organization						
17a		017. If the orga eets the "facts- 'facts-and-circu	inization did n and-circumsta imstances" te	ot check a box ances" test, ch st. The organiz	c on line 13, 10 eck this box a cation qualifies	6a, or 16b, and and stop here. as a publicly	l line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the meets the	e "facts-and-c s-and-circums	rcumstances" stances" test. 1	test, check t The organization	this box and son qualifies as	top here. a publicly
18	Private foundation. If the organization di instructions	d not check a b	oox on line 13,	16a, 16b, 17a,	, or 17b, checl	k this box and s	see

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

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number **Bountiful Basket Nutrition Program** 27-2824123 Part VI, Section A, Governing Body and Management Line 8b. We had no committees with power to act on behalf of the governing body. Part VI, Section B, Policies Line 11a. Each member of the board is provided with a copy of the prepared form 990. They are given an opportunity to review the document and submit any questions to the preparer, who shall respond to their inquires. Any modifications, as deemed necessary will then be made. Line 12c: Conflict of Ineterest Policy Each member of the board received a Conflict of Interest Policy and signed a statement that he/she will comply with it. Employees and board members are asked annually about possible conflicts of interest. Any possible conflicts of interest are handled at board meetings. Line 19: BBNP holds photocopies of all governing documents, Conflict of Interest policies, and financial statements in our office. They are available for public inspections, by request, during business hours.