HTA

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

Interr	al Revenu				s.gov/Form990) for inst	ructions				nauon.			rspectio	
<u> </u>			endar year, or tax						ınd er	nding	1				
		applicable.	C Name of organiza		LORD'S PAN	TRY AT A	NNA'S H	<u>OUSE, INC</u>	<u> </u>		D Empio	yer idei	ntification r	number	
\Box	Address o	change	Doing business as								-				
	Name cha	ange	Number and stree	•	if mail is not deliv	ered to stre	et address) Room/su	uite		35-2153	771			
\equiv		_	303 N. ELDER S	<u> </u>							E Teleph	one nun	nber		
	nıtıal retu	m	City or town				ate	ZIP code			(317) 63	1-5504	4		
	inal returni	/terminated	INDIANAPOLIS		- <u>-</u>	11		46222			-				
			Foreign country n	ame	Foreign provir	ice/state/co	unty	Foreign j	postal	code	l			4	60 40E
ш	Amended	retum			 			-			G Gross	receipts	•		<u>60,185</u>
	Application	n pending	F Name and address	s of principal o	officer				7	H(a) Is	this a group re	turn for su	ubordinates?	Yes	X No
			CARYN O'SULL	IVAN 303 I	N ELDER ST.	INDIAN	APOLIS	, IN ∕4622	22) Н(b) А	re all subord	ınates ın	cluded?	Yes	No
	av avam	pt status.	X 501(c)(3)	7) ◀ (inse			(1) or 2			f "No," attach	a list. (s	ee instructio	ons)	
				-) 4(1136			(1) 61 (12)	32,			·		,	
<u> </u>	vebsite	: P AN	NASHOUSEMSC	,UKG				· · · · · · · · · · · · · · · · · · ·	l	H(C) (Group exempt	on num	per -		
ΚF	orm of o	rganization	X Corporation	Trust _	Association	Other	•		L Yea	r of fon	mation 20	10	M State of le	egal domicile	<u>IN</u>
3	art I	Su	mmary					j							
	1	Briefly o	describe the orga	nization's n	nission or mo	st signific	cant acti	vities:	PRO'	VIDE	GOODS /	ND S	ERVICE:	S TO THE	NEED'
ŝ		, .						-							
Activities & Governance	}		·												
er	1	Charle	hia hau h 🗆 s			inadita		 dia			noro than	25% o	fito pot c	ecoto	
Š	2		this box 🕨 🔲 if											155615.	12
of.	3		r of voting memb	_	•	• •		•				3			12
ş	4		r of independent									4			12
Ę	5		umber of individu			-	11 / (Part	V, line 2	a) .						1 500
듕	6		umber of voluntee									<u> </u>	+		1,500
⋖	7a	Total u	nrelated business elated business t	revenue fr	rom Part VIII,	column ((C) Hipe	KEIV				7:			0
	b	Net unr	elated business t	axable inco	ome from For	m 990 - T,	Hide!34	OC1A	ヒレ			7			0
						5	١ ،،۵٠			၂ပ္ကု	Prior Yea			Current Yea	
9	8		utions and grants			I I	. NU.V	·1·9·20	118	8-03		159,57		1	09,634
Revenue	9		n service revenu						· · ·	(à			0		0
ě	10	Investm	nent income (Part	VIII, colum	nn (A), lines 3	, 4, amd	7000	10-11		JŒ			72		135
Œ	11		evenue (Part VIII,									24,03	37		37,322
	12		venue—add lines 8									<u> 183,68</u>	32	1	<u>47,091</u>
	13		and similar amou	•									0		0
	14		s paid to or for me										0		0
Ş	15	Salaries	, other compensati	on, employe	e benefits (Par	rt IX, colu	mn (A), li	nes 5–10)				22,90	05		24,560
Š	16a	Profess	sional fundraising	fees (Part	IX, column (A	1), line 11	le)			L			0		0
Expenses	Ь	Total fu	indraising expens	ses (Part IX	, column (D),	line 25)	▶	13	3,094						
ũ	17	Other e	expenses (Part IX	, column (A	A), lines 11a-	11d, 11f-	-24e) .					131,70	61	1	19,695
	18	Total e	xpenses. Add line	es 13-17 (n	nust equal Pa	ert IX, col	umn (A)	, line 25)				154,60	66	1	44,255
	19		Je less expenses									29,0	16		2,836
5	9									Begi	nning of Cui	rent Ye	ar	End of Yea	r
Assets or	20	Total a	ssets (Part X, line	e 16) . . .								488,9	33	4	90,297
¥.	21		abilities (Part X, li									4,9	01		972
Š	22		sets or fund balar	•								484,0	32	4	89,325
	art II	Sic	nature Block								·		_		
		tes of perju	iry, I declare that I hav	e examined thi	is return, including	g accompar	nying sche	dules and sta	atemer	nts, and	to the best of	f my kn	owledge		
and	belief, it	is true, con	rect, and complete De			officer) is	based on a	III information	n of wt	nich pre	parer has an				
Si	gn		Julie K	Mollo	4							<u> </u>	114/18)	
	ere		Signature of officer		O						Da	ate			
п	re		Julie	K. MOU	loy										
			Type or print name a	and title											
		Pn	nt/Type preparer's nan	ne	Prep	arer's signa	ature 7			<u> </u>	àte			PTIN	
Pa	id		ALLEN ATZ		l.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	====	\		14/5/0040		if employed	PO 1455	329
Pr	epare				<u></u>	<u> </u>			>		11/5/2018 	<u> </u>	Salpioyeu	L	
Us	e Only	y Fin		LEN ATZ				·			Firm's Elf				
_		- 1	m's address 🕨 13	ON MILL C	REEK RD	NOBLES	VILLE	IN 46062	2		Phone no	. 317	7 403 21	17	
Ma	y the If	RS discu	ıss this return wit	h the prepa	rer shown ab	ove? (se	e instru	ctions) .						X Yes	No.

Form **990** (2017)

0 A BD G/ 35/2153771 Page 3

Part IV	Checklist	of Rec	uirad (Schedules
Part IV	CHECKISE	UI REU	luiteu :	ociieuuies

			res	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	$\frac{\hat{x}}{x}$	
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	^	×
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,	\vdash		~
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		v
c		3		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
	Schedule D, Part VI	11a	_X_	
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		<u> </u>
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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		V
4 E	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		x
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		Х
			200	

Form 990 (2017) 35-2153771 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a Х 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . 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 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 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 23 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 b 'Did the organization' invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 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 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 26 Χ 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 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b ·c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.... 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b 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 36 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 37 Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

38

	Check if Schedule O contains a response or note to any line in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		l	
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		ł
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		
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			ĺ
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		1	
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	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	اءه[
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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	\vdash	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.	1		1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	┨		
C	Enter the amount of reserves on hand	14-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1140		

35-2153771

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......

Sect	ion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·			
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12		- -	10,00
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat		ا ہ ا		
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or unc		ا م ا		V
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	_	4		X
5	Did the organization become aware during the year of a significant diversion of the organization		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect		7-		v
	one or more members of the governing body?		<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members and the organization had to		7b		х
	stockholders, or persons other than the governing body?				
8	Did the organization contemporaneously document the meetings held or written actions underta the year by the following:	akendunng			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I				
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the		_		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exemp	t purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,		•
12a	The tire organization matter a tritter or miterior point, it is, go to miterior and		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Х	
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	X	
13	,		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and ap	-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberat			1	
a	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	_			V
	with a taxable entity during the year?		16a		Х
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				
	participation in joint venture arrangements under applicable federal tax law, and take steps to s		16b		
Saat	the organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	100		
<u> </u>	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► IN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1990-T (Section 501/c	:)(3)e	only)	
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 000-1 (00000011 001(0	,,,,,,,,	Unity)	
		xplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	•	policy	ı. and	ı
	financial statements available to the public during the tax year.	, commot of interest	ریی	. ,	
20	State the name, address, and telephone number of the person who possesses the organization	n's books and records	. •		
	JULIE MOLLOY				_
	303 N ELDER ST, INDIANAPOLIS, IN 46222				

Form 990 (2017)	THE LORD'S PANTRY AT ANNA'S HOUSE, INC	35-2153771	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	ghest Compensated	
	Employees, and Independent Contractors		

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."

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

- 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.

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos eck s pe d a d	rson irect	than of the state	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CARYN O'SULLIVAN	35.00									
PRESIDENT	0.00	Х		Х						
(2) TIM BELOAT	5.00								•	
VICE-PRESIDENT	0.00	Х		Х						
(3) KIM TEKOLSTE	10.00									
TREASURER	0.00	Х		X						
(4) JOANNE SPRINKLE	10 00									
SECRETARY	0.00	X	·	Х						
(5) JULIE MOLLOY	5.00									
DIRECTOR	0.00	Х								
(6) BRAD HABERMAN	5.00									
DIRECTOR	0.00	Х								
(7) CINDY GARDNER	5.00			ŀ						
DIRECTOR	0.00	X		L.	<u> </u>					
(8) CHRIS LYTLE	5.00			l						
DIRECTOR	0.00	X			<u>L</u>					
(9) RUSS McQUAID	10.00					ļ	ļ	ļ	ļ	
DIRECTOR	0.00	X			<u>l</u>		L			
(10) CHRIS HUDSON	5.00									
DIRECTOR	0.00	Х					L			
(11) BILL MONACHINO	5.00									
DIRECTOR	0.00	Х							!	
(12) CHAR COTA	5.00									
DIRECTOR	0.00	Х								
(13)										
(14)										

Р	art Vil Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee:	s, a	<u>nd</u>	<u>High</u>	<u>est</u>	Compensated	Employees	(con	tinued	<u>d) </u>	
	. (A) Name and trile		box,	unles	Pos ieck is pe	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from relate	on	Est amo	(F) mated	
		week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-omer	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	comp fro orga and	ensation the nization relate	n d
(15)														
(16)														
(17)				-										
(18)										,				
(19)														
(20)												··		
(21)					<u>-</u>	 								
(22)												-		
(23)												,		
(24)				-		ļ								
(25)														
1b c	Sub-total . Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).	Section A						> > >	0 0		0			0
2	Total number of individuals (including but not li reportable compensation from the organization	imited to those	listed	i ab	ove	e) wi	ho re	ceiv	ved more than \$	100,000 of				
3	Did the organization list any former officer, diremployee on line 1a? If "Yes," complete Sche	ector, or trustee	e, key	, en	nplo	yee		_	•			3		No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										ž	4	Septiment .	X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "\)										3	5	127	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest comp compensation from the organization. Report c year.											's tax		
	-(A) Name and business addi	ress							-(B) Description of ser	vices	Co	·(C) impens	atıon	
NON	IE								-					0
								<u> </u>						<u>0</u> 0
								-		-				0
		24												0
2	Total number of independent contractors (included than \$100,000 of companyation from the		nited	to t	hos	e lis	sted a	bo	ve) who receive	[.,		PART OF A THE		
	more than \$100,000 of compensation from the	s organization								17		ال المالية Form 9		_

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII.												
1	•					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from				
,	*						function revenue	revenue	tax under sections 512-514				
"	1a	Federated campaigns	1	1a	0	****	TOVERIGO		512 517				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	P-	1b	0		3-	-20					
ي ق	С	Fundraising events		1c	0		·		,				
Gifts, ilar Ar	d			1d	0				ĺ ·				
is, G	е	Government grants (contribution	ns)	1e	0	، - به د م		J. 100 1. 1915.	a Anna of data				
Contributions, and Other Sim	f	All other contributions, gifts, gra-	nts, and					2 gr 3 cross 3 _ 4 = 11					
혈		similar amounts not included ab	ove [1f	109,634				,				
ont	g	Noncash contributions included in li	ines 1a-1f.	\$	0			<u> </u>					
	h	Total. Add lines 1a-1f .			<u> </u>	109,634	.,	1 434.5					
a					Business Code								
Ven	2a					0							
8	b					0							
vice	С					0							
Ser	d					0							
E	е						 						
Program Service Revenue	f	All other program service revenue				0			·				
	g	Total. Add lines 2a-2f				<u> </u>							
	3	Investment income (including di	vidends, inte	eres	t, and				1				
	_	•				135	1						
	4	Income from investment of tax-e	exempt bond	pro	ceeds ►	0		 					
	5	Royalties	(ı) Real	•	(ii) Personal	0	<u> </u>	, , , , ,					
		0	(i) Real		(ii) Felsonai	l		_					
	6a	Gross rents	ļ				, tr	* * * '					
	b	Less rental expenses		0	0	174.77 Car. Parc	24746364	May Berling The	""""""				
	ر 2	Rental income or (loss)	L	U									
	d 7a	Net rental income or (loss) . Gross amount from sales of	(i) Secuntie	s	(ii) Other								
	' a	assets other than inventory.	(7	0			N Walter	7	就将\$BT\$E				
	h	Less: cost or other basis						, ,	1				
		and sales expenses		0	0	~ 4 1 - /		- 34-5 10	,				
	c	Gain or (loss)		0	0		1 3 3 5 m 3 5	The state of the s	1 Jan 3 Jak Breigh				
	d	Net gain or (loss)		<u>.</u>	. •	i a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 Stan 134 4 40112	12,100				
		,											
e	8a	Gross income from fundraising				でも強緩	30. 高度等65.	といる特別に	是自治性學性質				
Other Revenue		events (not including \$	0			to make a table part	4 74 6.						
Zev		of contributions reported on line	1c).										
- La		See Part IV, line 18		а	50,416		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Carlotte Comment				
Ţ.				b	13,094			1	ئىر قۇ ئاشىمى رىدە ئىرىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدى				
١		Net income or (loss) from fundra	-	S .	<u> </u>	37,322		700 - 200 - 300 - 100	garboras and the transfer and the				
	9a	Gross income from gaming activ			_			· " " " " " " " " " " " " " " " " " " "					
		See Part IV, line 19			0	200 00 7 12 10 00	The Same of Alleger many	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		Less: direct expenses		b	0	· · · · · · · · · · · · · · · · · · ·			, , ,				
		Net income or (loss) from gamir	ig activities	•	<u> ▶</u>	Long the state of	1 017.09 (48.62 April 4	Control of the Contro	18 " . 4 Section Section 15"				
	าบล	Gross sales of inventory, less returns and allowances			_			San	و المجارية				
	_			a	0		Charles and the	The state of the state of the state of	and the second				
	D	Less cost of goods sold Net income or (loss) from sales	of inventors	IJ	<u> </u>	T milkonthires to		المكالمنطاة المتاساتين	Libraratas I II				
	-	Miscellaneous Revenue	or inventory	<u>-</u> -	Business Code	F = 1 + 1,000	V 12 4 1 1 4 4 4 1 2 4 1 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	** ***				
	11a	THISSERIATIONS MEVERIUS						1/					
	b							<u> </u>					
	C					C	† 	<u> </u>					
	d	All other revenue				C	1	<u> </u>					
	e	Total. Add lines 11a-11d			•	_	"A - " Y () " 18"	1981 1980	The wife of the state of				
	12	Total revenue. See instructions				147,091			0				
					· · · · · · · · · · · · · · · · · · ·				Form 990 (2017)				

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns. All other	r organizations mu:	st complete column	(A)
	Check if Schedule O contains a response or note	e to any line in this	Part IX		
	not include amounts reported on lines 6b, 7b, 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				1
	domestic governments. See Part IV, line 21	0		Be the annual man	4 February - 1875 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 -
2	Grants and other assistance to domestic			يعطيه بيون مسيونية يحب بيدار	
	ındividuals See Part IV, line 22	0		**	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	23,000	18,000	5,000	
6₋	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include			<u></u>	
•	section 401(k) and 403(b) employer contributions)	ol		l	
-9	Other employee benefits	o			
10	Payroll taxes	1,560	1,221	339	
11	Fees for services (non-employees)	1,500	1,221	- 000	
''a	Management				
b	Legal	0			
-	Accounting	500		500	
C	Lobbying	0			
d	Professional fundraising services. See Part IV, line 17	0			
e •	Investment management fees	0	· · · · · · · · · · · · · · · · · · ·		
		ļ <u>U</u>			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,000	15 000	0	
40		15,000		300	
12	Advertising and promotion	300 607		607	• •
13	-Office expenses			607	
14	Information technology	0			
15	Royalties			1 000	
16	Occupancy	9,550		1,000	
17	Travel	<u> </u>			<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0		0.000	
22	Depreciation, depletion, and amortization	14,688			
23	Insurance	10,166	6,471	3,695	
24	Other expenses. Itemize expenses not covered				and the special consequence of the second of
	above (List miscellaneous expenses in line 24e. If				The state of the s
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	ـــ معرضد		*	
a	PROGRAM	55,457	55,457		40.00
þ	FUND RAISING				13,094
С	VEHICLE EXPENSE	6,638			ļ
d	WEBSITE	5,016			
е	All other expenses	1,773	·		
25	Total functional expenses. Add lines 1 through 24e.	144,255	125,110	19,145	13,094
26	Joint costs. Complete this line only if the	1			ľ
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if	1			
	following SOP 98-2 (ASC 958-720)		l		

		Check if Schedule O contains a response of	or note to	any line in this Part	X		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			93,625	1	108,041
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compen		*	ロングレンス シンタア	* ** ** * * * * * * * * * * * * * * *	THE THE STATE OF T
:		Complete Part II of Schedule L			0	5	
į	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a			many the page top page of the same of	* * ***	م مشادلان با الانونية لا العامية الد
		sponsoring organizations of section 501(c)(9) voluntary e				r •	ود پيد عده پر درو د
g		organizations (see instructions) Complete Part II of Scho			0	6	
Assets	7	Notes and loans receivable, net	0		0		
As	8	Inventories for sale or use			0		
	9	Prepaid expenses and deferred charges			6,503		7,150
	10a	Land, buildings, and equipment. cost or	i		0,000		7,100
	104	other basis. Complete Part VI of Schedule D	10a	460,587	,		
	ь		10a	148,054		10c	312,533
	11	Investments—publicly traded securities			4,511		4,511
	12	Investments—other securities. See Part IV, IIr			4,511		4,311
		•			0		0
	13	Investments—program-related. See Part IV, li			0	_	0
	14	Intangible assets		58,062			
	15	Other assets. See Part IV, line 11					58,062
	16	Total assets. Add lines 1 through 15 (must ed			488,933		490,297
	17	Accounts payable and accrued expenses .			0		
	18	Grants payable	0	_			
	19	Deferred revenue			0		
	20	Tax-exempt bond liabilities			0	-	
	21	Escrow or custodial account liability. Complete			0	21	
es	22	Loans and other payables to current and form				, .	
=		trustees, key employees, highest compensate			ļ		
Liabilities	\	disqualified persons. Complete Part II of Sche			4,500		400
	23	Secured mortgages and notes payable to unre		-	0		0
	24	Unsecured notes and loans payable to unrela	ted third	parties	0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	4) Complete			
					401		572
	26	Total liabilities. Add lines 17 through 25.			4,901	26	972
		Organizations that follow SFAS 117 (ASC 9	958), che	eck here▶ X and	a si		,
es		complete lines 27 through 29, and lines 33			14 24, 477534 144,14	ء ينت	a was setting to w
2	27	Unrestricted net assets			347,271		107,069
<u>8</u>	28	Temporarily restricted net assets			74,188		319,683
8	29	Permanently restricted net assets			62,573		62,573
Net Assets or Fund Balances	-"	•			02,070		02,070
ű.	İ	Organizations that do not follow SFAS 117 (ASC958)), cneck h	ere 🕨 🔛 and	nativation manufacturation material and a second se		
Ō		complete lines 30 through 34.					
ěts	30	Capital stock or trust principal, or current fund			0		ļ
\ss	31	Paid-in or capital surplus, or land, building, or			0	•——	
, t A	32	Retained earnings, endowment, accumulated			0		<u>.</u>
Ž	33	Total net assets or fund balances			484,032	33	489,325
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	488,933	34	490,297

Form 9	990 (2017) THE LORD'S PANTRY AT ANNA'S HOUSE, INC	35-	2153771	Pag	ge 12
Part	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		147	,091
2	Total expenses (must equal Part IX, column (A), line 25)	2		144	,255
3	Revenue less expenses. Subtract line 2 from line 1	3		2	,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		484	,032
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		2	<u>,457</u>
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		489	,325
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. 1</u>	
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		المناف		رر
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 compiled or				
	reviewed on a separate basis, consolidated basis, or both:				٠.,
	X Separate basis Consolidated basis Both consolidated and separate basis		2 delle	5 51	*****
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		244	1	- 40 3
	X Separate basis Consolidated basis Both consolidated and separate basis				İ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of		, t	, ,
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	·mh	X
	If the organization changed either its oversight process or selection process during the tax year, explain i				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		a- 40 Ann.		
	the Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **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

Open to Public Inspection

Employer Identification number Name of the organization 35-2153771 THE LORD'S PANTRY AT ANNA'S HOUSE, INC Part I 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 7 described in section 170(b)(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 10 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 b 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. 0 f Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

0

Total

Page 2

instructions

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. II the organization la	is to quality und	ier the tests list	ed below, pleas	se complete ra	<u> </u>	-
Sec	tion A. Public Support				····		····
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					100.040	
_	include any "unusual grants ")	127,014	127,203	244,356	206,483	160,040	865,096
2	Tax revenues levied for the organization's						
	benefit 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						(
4	Total. Add lines 1 through 3	127,014	127,203	244,356	206,483	160,040	865,096
5	The portion of total contributions by						
	each person (other than a	minutes and a minute	ر و دو در در در در در در در در در در در در در	MALINAMENTAL PARTIES.		-	
	governmental unit or publicly					ì	
	supported organization) included on			1			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			- منتسب المنتسب randomeka, admir m	المشبطاليسيدين ينافق ريبيد		
6	Public support. Subtract line 5 from line 4						865,096
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	127,014	127,203	244,356	206,483	160,040	865,096
8	Gross income from interest, dividends,						
	payments received on securities loans,	:		İ			
	rents, royalties, and income from			,			
	similar sources	117	97	28	72	135	449
9	Net income from unrelated business		<u> </u>				
·	activities, whether or not the business is						4
40	regularly carried on	-			-		
10	Other income Do not include gain or			1			
	loss from the sale of capital assets						
	(Explain in Part VI)						005.54
11		[45	865,545
12	Gross receipts from related activities, etc. (s	•		•		12	-
13	First five years. If the Form 990 is for the organization, check this box and stop here			h, or fifth tax year a	is a section 501(c)	(3)	▶[
	ction C. Computation of Public Su			•			
	Public support percentage for 2017 (line 6,	• • •	•	(f)) .	•	14	99.95%
	Public support percentage from 2016 Scheo					15	99.95%
165	 33 1/3% support test—2017. If the organiz and stop here. The organization qualifies a 			, and line 14 is 33 1	1/3% or more, che	ck this box	▶ [X
t	33 1/3% support test—2016. If the organiz box and stop here. The organization qualifi				s 33 1/3% or more	, check this	▶ □
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "factorganization"	ets the "facts-and-ci	rcumstances" test,	check this box and	d stop here . Expla	ıın ın	- • ▶[
t	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization Explain in Part VI how the organization mee supported organization	meets the "facts-ar	nd-circumstances"	test, check this bo	ox and stop here .		- -

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received(Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise	1					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					/	<u> </u>
3	Gross receipts from activities that are not an				,		
	unrelated trade or business under section 513		<u> </u>				0
4	Tax revenues levied for the organization's		-	, , ,	_		
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities					/	
	furnished by a governmental unit to the				/	ľ	
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	/ 0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ļ					0
b	Amounts included on lines 2 and 3					<u>'</u>	
	received from other than disqualified						
	persons that exceed the greater of \$5,000				/		
	or 1% of the amount on line 13 for the year		. .				0
C	Add lines 7a and 7b .	0	0	/ 0	0	0	0
8	Public support (Subtract line 7c from				_		
	line 6)	يستعطي والبوسدية يور	aproper access the		and the second second second	Hamada of the American	0
	ction B. Total Support			<u> </u>		T	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	/ 0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						_
	royalties, and income from similar sources	-	/				0
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975 .						
_	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	J	/				
	activities not included in line 10b, whether						
	or not the business is regularly carried on	//					_0
12	Other income Do not include gain or	/ /	.II		İ		
	loss from the sale of capital assets	/ /				}	
	(Explain in Part VI)	/					0
13	Total support. (Add lines 9, 10c, 11,		•				
	and 12)	0	0	L	<u> </u>	0	0
14	First five years. If the Form 990 is for the or	rganization's first, s	secona, tnira, tourt	n, or ππn tax year	as a section 501(c)(3)	
	organization, check this box and stop here	/	•		·	•	
	ction C. Computation of Public Su					1 45	0.000/
15	Public support percentage for 2017 (line 8,/c		-	(f)) .		15	0 00%
16	Public support percentage from 2016 Sched			<u> </u>	· · · · · ·	16	0.00%
	ction D. Computation of Investmen			1 (0)		147	0.00%
17	Investment income percentage for 2017 (line			column (t))	•	17	0 00%
18	Investment income percentage from 2016 S			 4 and line 45 is	 Nore then 22 1/20/	18 and line 17 is	0 00%
198	33 1/3% support tests—2017. If the organization of more than 33 1/3%, check this box and						▶□
h	33 1/3% support tests—2016. If the organization		•				· · · · • L.
J	line 18 is not more than 33 1/3%, check this						▶Ē

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

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.)

Sect	ion A. All Supporting Organizations			
			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		l	
	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	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		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	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		
_	Did the organization support any foreign supported organization that does not have an IRS determination	70	\vdash	
С	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)	4		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;		\	1
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		ŀ
	was accomplished (such as by amendment to the organizing document).	5a	 -	 -
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			İ
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
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			i
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	l		
	(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	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1	1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	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.	96	\	ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		T	Ī
J	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	a	 	T
J	determine whether the organization had excess business holdings.)	10b		1
	actonimic microsition organization mad overcon paging of inciding of			

Schedule	e A (Form 990 or 990-EZ) 2017 THE LORD'S PANTRY AT ANNA'S HOUSE, INC	35-2153771		Page 5
Part I	V Supporting Organizations (continued)		·	
,			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		1	İ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (·		
	below, the governing body of a supported organization?	116		╁
	A family member of a person described in (a) above?	11t		+-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in on B. Type I Supporting Organizations	Part VI.	٠	<u> </u>
occur	on b. Type i dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	ı the		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise		ł	1
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the sup	ported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		T	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain is	n Part		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Section	on C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c			
	or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the	igea		
04	the supported organization(s).		ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of	the	168	, 140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie	-		
	organization's governing documents in effect on the date of notification, to the extent not previously pro		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp			1
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P		-	
	the organization maintained a close and continuous working relationship with the supported organization		1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	``		1
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	ın's	1	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
~1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	e year (see instr u	ction	s)
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nment entity (see	instru	ctions
		, , , , , , , , , , , , , , , , , , , ,		
2	Activities Test. Answer (a) and (b) below.		Tes	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpo the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI idea	1		
	those supported organizations and explain how these activities directly furthered their exempt purp	ľ		
	how the organization was responsive to those supported organizations, and how the organization dete	ľ		
	that these activities constituted substantially all of its activities.	22	.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one of		1	+
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part		-	
	reasons for the organization's position that its supported organization(s) would have engaged in these	i		
	activities but for the organization's involvement.	21	5	
3	Parent of Supported Organizations. Answer (a) and (b) below.		\dashv	1
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.	38	a	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activiti			T
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this		b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng t	rust on Nov. 20, 1970 (exp	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organic	aniz	ations must complete Sect	ons A through E.
Section 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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u>.</u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	C
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	C
6 Multiply line 5 by .035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount		a are in a great force on the life straight at the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		C
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The case of the second of the case of	0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III supporti	ng organization (see
instructions)			

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	on D - Distributions			Current Year
<u>`1</u>	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		·	0
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
		(i)	(ii)	(iii)
Se	ction E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Exoco Diodibudono	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017		,	
2	(reasonable cause required—explain in Part VI) See	a statement in the statement of the statement of		ئىدەنىسىرىي ئانچارىلىنىنىدىرى بىدا ئىيالىيلادىك ^ى .
	instructions.			
3	Excess distributions carryover, if any, to 2017			
	Edit 3. 3 c. and a read on recommendate reflecting on the commence of the comment		, r	
	From 2013			* ''
С	From 2014			
		the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	المستعدية بالمستعدد	والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد
	From 2016		· · · · · · · · · · · · · · · · · · ·	
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
h_	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from		philipped by the guident hands and the second and	A Second Section of the local parameters of Section 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19
	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount	The water a war water and an arrange of the	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if	ļ		
	any. Subtract lines 3g and 4a from line 2. For result	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		A contract the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		The same carried to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same o	
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	0	وميا ده مها و عبد ديمو	** ************************************
8	Breakdown of line 7			
	Excess from 2013		** * - · · · · · · · · · · · · · · · · ·	
b	Excess from 2014	· / · · · · · · · · · · · · · · · · · ·	<u> </u>	
C	Excess from 2015	·		
d	Excess from 2016			
е	Excess from 2017)		

Schedule A (F	form 990 or 990-EZ) 2017 THE LORD'S PANTRY AT ANNA'S HOUSE, INC	35-2153771	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c;	e 17a or 17b; Part	
	B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section	F lines 1c 2a 2h	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and	E, IIIIES TC, Za, Zu,	
		ran v, Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	<u> </u>	
•••••			

	•••••		
••••	•••••••••••••••••••••••••••••••••••••••		
		·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No 1545-0047

THE	ORD'S PANTRY AT ANNA'S HOUSE, INC			35-2153771
Part	Organizations Maintaining Donor	Advised Funds or Other Simil	ar Funds or A	ccounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, I	ine 6.	
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the ass	ets held in dono	r advised
	funds are the organization's property, subject	to the organization's exclusive leg	al control?	Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing t	nat grant funds o	an be
	used only for charitable purposes and not for	the benefit of the donor or donor a	idvisor, or for an	y other
	purpose conferring impermissible private ber	efit?		L Yes L No
Pari	Conservation Easements.			
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, I	ine 7.	
1	Purpose(s) of conservation easements held	by the organization (check all that a	apply).	
	Preservation of land for public use (e.g.,	recreation or education) Pres	ervation of a his	toncally important land area
	Protection of natural habitat	Pres	ervation of a cer	tified historic structure
	=			
2	Preservation of open space Complete lines 2a through 2d if the organiza	tion hold a gualified concentation o	antabution in the	form of a consequation
2	easement on the last day of the tax year.	tion held a qualified conservation c	Ontribution in the	Held at the End of the Tax Year
2			<u> </u>	2a
a b	Total acreage restricted by conservation eas		<u></u>	2b
C	Number of conservation easements on a cer			2c
ď	Number of conservation easements included			
_	historic structure listed in the National Regist			2d
3	Number of conservation easements modified		ed, or terminated	by the organization during
	the tax year ▶			
4	Number of states where property subject to o	conservation easement is located	•	
5	Does the organization have a written policy r	egarding the periodic monitoring, ir	nspection, handli	ing of
	violations, and enforcement of the conservat			
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and er	forcing conservati	on easements during the year
_	·			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforci	ng conservation ea	asements during the year
_	\$			470/EV/4V/DV/S
8	Does each conservation easement reported			
•	and section 170(h)(4)(B)(ii)?			
9				
	balance sheet, and include, if applicable, the the organization's accounting for conservation		MONS MILANCIAIS	datements that describes
Dari	Organizations Maintaining Collect	ions of Art. Historical Treasur	es or Other S	Similar Assets
ı aı	Complete if the organization answer			mui Accou.
1a	If the organization elected, as permitted under			statement and balance sheet
	works of art, historical treasures, or other sin			
	of public service, provide, in Part XIII, the tex	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under			
_	works of art, historical treasures, or other sin			
	of public service, provide the following amou		,	
	(i) Revenue included on Form 990, Part VIII,			▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of			
_	following amounts required to be reported ur			7.5
а	Revenue included on Form 990, Part VIII, lin			▶ \$
b	Assets included in Form 990, Part X			
				Cabadula D (Form 000) 2047

	GIED (LOUISSO) 2017 THE FOUND 3 FAIR							33-2133	
Parl	Organizations Maintaining C								
3	Using the organization's acquisition, a	ccess	sion, and other	er records	, check a	ny of the follo	owing tha	at are a significa	ant use of its
•	collection items (check all that apply)					-	_	-	
а	Public exhibition			d ∏	Loan	or exchange	program	s	
						_	_		
b	Scholarly research			e	Other				
C	Preservation for future generati	ons							
4	Provide a description of the organization	ion's c	collections ar	nd explain	how they	further the c	rganizati	ion's exempt pu	rpose in Part
	XIII								
5	During the year, did the organization s	solicit	or receive do	onations o	f art, histo	oncal treasur	es, or otl	ner similar	
	assets to be sold to raise funds rather	than	to be mainta	ined as pa	art of the	organization'	s collecti	on?	Yes No
Part	IV Escrow and Custodial Arran	geme	ents						
1 41	Complete if the organization a			n Form 9	QN Part	IV line 9 o	r renorte	ed an amount	on Form
		113446	ied ies o	ii i Oiiii 3	30, 1 ait	14, 11116 3, 0	Пероп	ou am amount	Oli i Olili
	990, Part X, line 21					4 21 42	41	4	
1a	Is the organization an agent, trustee,							ssets not	
	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the foll	owing tat	ole:		1	
								P	Amount
C	Beginning balance						1c	<u> </u>	0
đ	Additions during the year						1d		
е	Distributions during the year						1e	<u> </u>	
f	Ending balance						1f	L	0
2a	Did the organization include an amou	nt on t	Form 990 P	anil X he	21 for es	ectow at aust	ndial acc	count liability?	Yes X No
_	· ·		•	•				•	— =
b	If "Yes," explain the arrangement in P	art XII	II. Check her	e if the ex	planation	nas been pr	ovided o	n Paπ XIII	<u>· · </u>
Part	V Endowment Funds.								
	Complete if the organization a	nswe	red "Yes" o	n Form 9	90, Part	IV, line 10.			
		-(a)	Current year	(b) Pri	or year	(c) Two years	back (d) Three years back	(e)/Four years/back
1a	Beginning of year balance		0		0)			
b	Contributions								
С	Net investment earnings, gains,								
•	and losses								
đ	Grants or scholarships			-			<u> </u>		-
	Other expenditures for facilities					<u> </u>			
е	·]			
	and programs			-		 		· · · · · · · · · · · · · · · · · · ·	+
T	Administrative expenses			 					
g	End of year balance		0		0		<u> </u>		<u>o </u>
2	Provide the estimated percentage of		rrent year en		e (line 1g,	column (a))	neid as:		
а	Board designated or quasi-endowmen	nt	•	%					
b	Permanent endowment		%						
C	Temporarily restricted endowment		%	!					
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.					
3a	Are there endowment funds not in the	poss	ession of the	organiza	tion that a	are held and	administ	ered for the	-
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations.								3a(ii)
b	If "Yes" on line 3a(ii), are the related	organi	zations listed	d as requir	red on So	hedule R?.			3b
4	Describe in Part XIII the intended use								<u> </u>
Part								· · · · · · · · · · · · · · · · · · ·	·
el l	Complete if the organization a			n Form O	an Dar		See F	nrm 000 Dart	X line 10
		IISWE	Ĭ		1		1		
	Description of property		(a) Cost or o			ost or other	. , ,	ccumulated preciation	(d) Book value
			(investr		<u> </u>	sis (other)	L .	·	
1a	Land			0			 		24,800
b	Buildings			0		396,461		113,768	282,693
C	Leasehold improvements			0		0		0	<u>C</u>
d	Equipment			0		39,326		34,286	5,040
<u>e</u>	Other			0	<u></u> _	0	L	0	
Tota	I. Add lines 1a through 1e. (Column (d)		equal Form	990, Part	X, colum	n (B), line 10	c)	🕨	° 312,533

		rad "Yas" on Form uuli	Dart IV line 11h See Form 9	90 Part X line 12
•	(a) Description of security or category	(b) Book value	, Part IV, line 11b See Form 9 (c) Method of valua	tion
	(including name of security)		Cost or end-of-year mar	ket value
• •	derivatives	0		
	eld equity interests	0		
	•••••			····
				
(B)				
(Ĉ)			217	
(D)			*	······································
₹ <u>E</u> }				
(F)				
(G)				
(H)	(h)	0	the state of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s	the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co
	(b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related. Complete if the organization answe	red "Yes" on Form 990	, Part IV, line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	ition
			Cost or end-of-year mar	ket value
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	0		
railin				
		red "Yes" on Form 990	Part IV line 11d See Form 9	90 Part X line 15
	Complete if the organization answe	•	, Part IV, line 11d. See Form 9	
(1) Architec	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7) (8)	Complete if the organization answe	escription	, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answe	escription Lynn St	, Part IV, line 11d. See Form 9	(b) Book value 58,062
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answe (a) Doctural work on unconstructed building on	escription Lynn St	, Part IV, line 11d. See Form 9	(b) Book value 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answe (a) Doctural work on unconstructed building on the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	escription Lynn St e 15)		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answe (a) Doctural work on unconstructed building on	escription Lynn St e 15)		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answe (a) Doctural work on unconstructed building on in (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answe	escription Lynn St e 15)		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answe (a) Dectural work on unconstructed building on In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answe line 25. (a) Description of liability	escription Lynn St a 15) red "Yes" on Form 990		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St 15) red "Yes" on Form 990 (b) Book value		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) State an (3)	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) State al (3) (4)	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) State ar (3) (4) (5)	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) State al (3) (4) (5) (6)	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062 58,062
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) State al (3) (4) (5) (6) (7)	Complete if the organization answe (a) Description of liability income taxes	escription Lynn St e 15) red "Yes" on Form 990 (b) Book value 497		(b) Book value 58,062 58,062

Par	XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per l	Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a		(450,700.70)	
b	Donated services and use of facilities	2b		7 1	
С	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1			3	C
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		 	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		Sacratice.	
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b			4c	C
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	
Par					_
ı aı	Complete if the organization answered "Yes" on Form 990, Part			. Itelai	***
1	Total expenses and losses per audited financial statements			1	
	· · · · · · · · · · · · · · · · · · ·			 	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 2- 1			
a	Donated services and use of facilities	2a		-	
b	Pnor year adjustments	2b		-["""	
C	Other losses	2c		-{	
d	·			- 	_
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	*****		
b	Other (Describe in Part XIII.)	4b		⊣ 1	
				1 4. 1	_
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			4c 5	C
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16 XIII Supplemental Information.	8.) .		5	
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) . ; Part I\	/, lines 1b and 2b	5 ; Part V,	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16 XIII Supplemental Information.	8.) . ; Part I\	/, lines 1b and 2b	5 ; Part V,	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) . ; Part I\	/, lines 1b and 2b	5 ; Part V,	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) . ; Part I\	/, lines 1b and 2b	5 ; Part V,	line 4; Part X, lin
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5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
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5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	8.) . ; Part I\ provide	/, lines 1b and 2b any additional in	5 o; Part V, formation	line 4; Part X, lin

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

THE	LORD'S PANTRY AT ANNA'S HOUS	SE, INC				35-21					
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.											
Form 990-EZ filers are not required to complete this part.											
-	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants										
_	b Internet and email solicitations f Solicitation of government grants										
_	Phone solicitations				raising events	13					
C	=		g ⊱	special luliu	iraising events						
d	In-person solicitations Did the organization have a written	or oral agraon	oont with a	ny individue	al (including officers	directore truetee	e				
2a	key employees listed in Form 990,						Yes No				
b	If "Yes," list the 10 highest paid ind	•	-		="		— — -				
	to be compensated at least \$5,000			alcolo, pare	Julia to agreement						
		, ,									
	· (i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of ibutions?	(fv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No							
1											
		<u> </u>			0	0	0				
2				1 1	ol	0	0				
3				 			<u>~</u>				
					0	0	0				
4		1				0	0				
		-		-	0	0	0				
3		1		ļ	o	o	0				
6											
			 	1	0	0	0				
7					٥	0	0				
8		\	1								
					0	0	0				
9					0	0	0				
10		+ • • • • • • • • • • • • • • • • • • •			0		<u> </u>				
					0	0	0				
						_					
Tota	- ····			<u> Þ</u>	0]	0	0				
3	List all states in which the organiza	ation is register	ea or licer	isea to solic	at contributions or r	ias been notified it	is exempt from				
IN	registration or licensing.										

THE LORD'S PANTRY AT ANNA'S HOUSE, INC Schedule G (Form 990 or 990-EZ) 2017 35-2153771 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events (add col (a) through Anna's Angels eakfast of Champior 1 ∞l (c)) (total number) (event type) (event type) Revenue Gross receipts 28,057 14,257 8,102 50,416 Less: Contributions Gross income (line 1 8,102 50,416 28.057 14.257 minus line 2). Cash prizes Noncash prizes Direct Expenses Rent/facility costs . . . 7,287 3,703 2,104 13,094 Food and beverages . . . Entertainment Other direct expenses . . 13,094) Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) . 37,322 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue Expenses 2 Cash prizes Noncash prizes Direct 0 Rent/facility costs . . . Other direct expenses . Yes Yes % Yes % No Volunteer labor . . No No Direct expense summary. Add lines 2 through 5 in column (d) . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2017 THE LORD'S PANTRY AT ANNA'S HOUSE, INC	35-	2153771	Page 3
11-	Does the organization conduct gaming activities with nonmembers?	. {	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:	-		
a		13a		<u>%</u> .
b	An outside facility	13b	·	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	\$		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$0 and the	,	· · · · · ·	
	amount of gaming revenue retained by the third party $ ightharpoonup$ \$0 .			
С	If "Yes," enter name and address of the third party:			
	Name ▶	-		
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□ No 0
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
	See instructions			
				

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

THE LORD'S PANTRY AT	ANNA'S HOUS	SE. INC					35-21	53771					
Part I Excess Bene	fit Transaction e organization	s (section 501)	c)(3), s	section 5 orm 990,	501(c)(4), a Part IV, lir	and 50 ⁻ ne 25a	1(c)(29) organiz or 25b, or Form	ations o	only) Z, Pa	art V,	line 4	0b.	
4	(b) Relationship between disqualified person and				1						(d) Corrected?		
1 (a) Name of disqualified person		organization			(c) Description of transaction					Yes	No		
(1)													
(2)			-										
(3)							1		-				
(4)						†				•			
(5)					*								
(6)						1		·					ſ
2 Enter the amount of	of tax incurred b	v the organizati	on mai	nagers o	or disqualif	ied per	sons during the	year					
under section 4958				-	•	•	_	-	. 1	\$			
3 Enter the amount of										• š.			
J Litter the amount o	n tax, ii aiiy, oii	IIIC 2, above, 1	Ciribai	ocu by i	inc organiz	auon .			•	Ψ.			
Complete if th	l/or From Interdete organization are eported an amount	answered "Yes'	on Fo				8a or Form 990	, Part i	V, lir	ne 26;	or if	the	
(a) Name of interested person	(b) Relationship with organization	,		(d) Loan to or from the organization?		1 ''		(g) In default? (h) Approve by board or committee?			ard or	(i) Written agreement?	
			То	From				Yes	No	Yes	No	Yes	No
(1) JULIE MOLLOY	DIRECTOR	FUND CORPO	Х			5,000	400		$\overline{\mathbf{x}}$	Х			Х
(2)						-1							
-(3)				1									
(4)		1		1									
(5)		1		<u> </u>			-						
(6)							-						
(7)		† · · · · · · · · · · · · · · · · · · ·											<u> </u>
(8)		1											
(9)			-	†									
(10)	1	1		1									
						▶ \$	400	- Walter		-		25, 1 ° 3	, , , , ,
Part III Grants or As	sistance Benefice organization	fiting Intereste	d Pers	ons.		ne 27.		-					
(a) Name of interested perso	1 ' '	nship between intere and the organization	١,	c) Amount	of assistance	(0	1) Type of assistance	e	(e) Purpo	se of a	ssistan	œ
(1)	1	- 											
(2)													
(3)							****				•		
(4)													
(5)												-	
(6)				-		† "							
(7)		***************************************			•								

(8) (9) (10)

		ORD'S PANTRY AT ANNA'S	HUUSE, INC	35-21537	77	Page 2
Part IV	Business Transactions Invo Complete if the organization a	olving interested Persons. answered "Yes" on Form 990	, Part IV, line 28a, 2	8b, or 28c.	_	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	<u></u>				Yes	No
<u>(1)</u> <u>(2)</u>		-				
-(3)				-		
(4)						
(5)						—
(6)					-	┿
<u>(7)</u> <u>(8)</u>					-	+
(9)						
(10)			***			
Part V	Supplemental Information					
	Provide additional information	n for responses to questions	on Schedule L (see	instructions)		
		`				
			· - 			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Open to Public Inspection

Employer identification number

THE LORD'S PANTRY AT ANNA'S HOUSE, INC	35-2153771
Form 990, Part VI, Section B, Line 11b The 990 is reviewed by the person responsible for	,
filing, otherwise available upon request.	
Form 990, Part VI, Section B, Line 19: All disclosable documents are available upon request	
Form 990, Part VI, Section B, Line 12c: Officers and Directors are required to disclose,	,
immediately, any activity that may constitute a conflict of interest	
	•
	•