Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

(except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2949/20380421

2018

Open to Public Inspection

, 20 1 9 , 2018, and ending MARCH 31 A For the 2018 calendar year, or tax year beginning APRIL 01D Employer identification number C Name of organization Check if applicable LAKE CITY FOOD SHELF INC 41-1430175 Address change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Name change Initial return (651)345-5888Final return/terminated PO BOX 103 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Application pending LAKE CITY MN 55041 Number ▶ 0501 H Check ► X if the organization is not Accrual Other (specify) ▶ Accounting Method X Cash required to attach Schedule B Website: ▶ N/A Tax-exempt status (check only one) -- X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) Association Other X Corporation Form of organization Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 118,797 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 118,173 Contributions, gifts, grants, and similar amounts received ... 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . 624 Investment income . . . 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events RECEIVED a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions **b** Gross income from fundraising events (not including \$ AUG 05 2019 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) OGDEN, UT c Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 64 7a Gross sales of inventory, less returns and allowances 7a **b** Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 118,797 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors 13 5,183 14 14 Occupancy, rent, utilities, and maintenance 521 Printing, publications, postage, and shipping 15 109,365 16 16 Other expenses (describe in Schedule O) 115,069 Total expenses. Add lines 10 through 16 17 3,728 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 117,780 end-of-year figure reported on prior year's return) ... 20 Other changes in net assets or fund balances (explain in Schedule O) 121,508

For:Paperwork Reduction Act Notice, see the separate instructions.

BWF 990

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Net assets or fund balances at end of year Combine lines 18 through 20







r a	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			Г		
	mandations for that the organization and confidence of the top of the any question and the confidence of the top of the confidence of the top of the confidence of the confide		Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a					
	detailed description of each activity in Schedule O	33		X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed					
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the					
	change on Schedule O. See instructions	34		X		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business					
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,					
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets					
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
b	Did the organization file Form 1120-POL for this year?	37b		X		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			- <u></u> -		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9	- −*,				
b	Gross receipts, included on line 9, for public use of club facilities 39b	-				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			'		
	section 4911 ▶, section 4912 ▶, section 4955 ▶	4				
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess					
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	405		\ _V		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		•	١.		
	organization managers or disqualified persons during the year under sections 4912,					
	4955, and 4958			١.		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c			.		
	reimbursed by the organization		*			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		- - -		
	transaction? If "Yes," complete Form 8886-T	. 40e		X		
41	List the states with which a copy of this return is filed NONE					
42a	The organization's books are in care of ► SEE ATTACHMENT #4 Located at ► ZIP + 4 ►					
_			Yes	No		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X		
		420	,	Δ.		
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank					
	and Financial Accounts (FBAR).					
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X		
С		420		<u> </u>		
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			ьГ		
43	and enter the amount of tax-exempt interest received or accrued during the tax year			Ĺ		
	and enter the amount of tax-exempt interest received of accorded during the tax year		Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	1.10		
440	completed instead of Form 990-EZ	44a		X		
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774				
þ	completed instead of Form 990-EZ	44b		X		
С	Did the organization receive any payments for indoor tanning services during the year?	44c	$\vdash \vdash \vdash$	X		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	140				
u	explanation in Schedule O N/A	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х		
438 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	730	\vdash			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	, -				
	Form 990-EZ See instructions	45b		X		
		1 700	, ,	. ^		

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

2018

Open to Public Inspection

Employer identification number Name of the organization 41-1430175 LAKE CITY FOOD SHELF INC Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 M An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other (iv) Is the organization (V) Amount of monetary (III) Type of organization (i) Name of supported (ii) EIN listed in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Yes No (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	143,806	138,139	128,038	118,534	118,173	646,690
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				<u>.</u>		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	143,806	138,139	128,038	118,534	118,173	646,690
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	7 C 27 4 2	- TET - 7:11	3 5 5 4	W. W. T. W. W.	"Ur 58 "	646,690
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	143,806	138,139	128,038	118,534	118,173	646,690
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10	作るないいでき	はは、一般には、	は発送された	では 一年 の	्यं अध्यक्ष	646,690
12	Gross receipts from related activities, etc. (see	e instructions)		•		12	
13	First five years. If the Form 990 is for the org	ganization's first,	second, third, fo	urth, or fifth tax y	ear as a section	501(c)(3)	_
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			>
<u>Sec</u>	tion C. Computation of Public Sup	port Percen	tage				
14	Public support percentage for 2018 (line 6, co	olumn (f) divided	by line 11, colun	nn (f))	•	14	100.00%
15	Public support percentage from 2017 Schedu	ıle A, Part II, line	14		• •	15	
	331/3% support test 2018. If the organization and stop here. The organization qualifies	s as a publicly su	upported organiz	ation .	•	• •	▶ 🏲
b	33 ¹ /3% support test 2017. If the organization quantities box and stop here. The organization quantities				ne 15 is 33 ¹ /3% (or more, check	▶ 🗌
17a	10%-facts-and-circumstances test 2018 10% or more, and if the organization meets the Part VI how the organization meets the "facts-	ne "facts-and-cir	cumstances" tes	t, check this box	and stop here.	Explain in	ızatıon ▶ 🗍
b	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts organization meets the "facts-and-circumstances"	-and-circumstai	nces" test, check	this box and sto	op here. Explain	in Part VI how th	
18	Private foundation. If the organization did no	ot check a box or	n line 13, 16a, 16	b, 17a, or 17b, c	heck this box an	id see instruction:	s ▶ []
FDA	18 990A2 BWF 990 Form Software Co	pyright 1996 – 2019	HRB Tax Group, In	С	Schedule	A (Form 990 or	990-EZ) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. 2018

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LAKE CITY FOOD SHELF INC

Employer identification number

41-1430175

PAGE 1 PART 1 LINE 16 DETAIL - OTHER EXPENSE

INSURANCE - \$357

PURCHASED FOOD GIVEN OUT - \$57539

DONATED FOOD GIVEN OUT - \$50369

DUES - \$150

SCHOOL SUPPLIES GIVEN OUT - \$950

TOTAL - \$109365

LINE 4 BANK INTEREST - \$624

LINE 14 INTERNET AND PHONE - \$3603

LINE 14 EQUIPMENT AND REPAIR - \$1580

LINE 24 OTHER ASSETS INVENTORY - \$21416