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## EXTENDED TO NOVEMBER 15, 2017

Form **990** 

Internal Revenue Service

A For the 2016 calandar year

**Return of Organization Exempt From Income Tax** 

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

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

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

2016
Open to Public Inspection

7 101 01		to 2010 Catefular your, or tax your boginning				
B Check if applicabl		C Name of organization		D Employer identification winder		
Addr chan Name chan Initial returr Final return termi ated			NC	!		
				46-1852863		
		Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	Telephone r	Telephone number	
		ו אל 1 מינוישע פריים ביידי אין אין אין אין אין אין אין אין אין אי	402-215-6718			
				G Gross receipts		1,537,079.
Amer		nded OMAUA NE 69127		H(a) is this a gi	oup retu	
Applition pend		F Name and address of principal officer BETH OSTDIEK SMITH		for suborc	linates?	Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates included? Yes No			
		tempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	If "No," attach a list (see instructions)			
		ite: ► WWW.SAVINGGRACEFOODRESCUE.ORG		H(c) Group exe	mption i	number 🕨
K Form of organization: X Corporation						
Part I Summary						
ė	1	Briefly describe the organization's mission or most significant activities CONNECT PERISHABLE FOOD FROM				
auc	1	LOCAL FOOD PURVEYORS TO LOCAL NON-PROFITS THAT FEED OUR HUNGRY,				
Ę	2	theck this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		, .	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	9
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	7
Σį	6	Total number of volunteers (estimate if necessary)			6	30
₹ V	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		7b	0.
	ł		<u> </u>	Prior Year		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	1,036,9		1,503,175.
ē	9	Program service revenue (Part VIII, line 2g)	.		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,0		0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	28,5		33,904.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,087,5		1,537,079.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	138,6		194,278.
	ľ	Professional fundraising fees (Part IX, column (A), line 11e)	, <u> </u>		0.	0.
		Total fundraising expenses (Part IX, column (D), line 25) 56,389	9·			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	788,1		1,141,322.
Ssets or Balances	4	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		926,7		1,335,600.
	19	Revenue less expenses. Subtract line 18 from line 12	.   _	160,8		201,479.
			Beg	inning of Current		End of Year
	20	Total assets (Part X, line 16)	<u> </u>	339,9		546,972.
let As		Total liabilities (Part X, line 26)		339,9	43	5,550. 541,422.
Ž2   <b>D</b> a	rt II	Net assets or fund balances. Subtract line 21 from line 20	<u>-                                    </u>	333,3	± 3 • 1	341,422.
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd atatama	nto and to the has	t of mulu	newledge and ballof it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which				nowicuge and belief, it is
	001100	and complete, because on property (callet alian officer) is based on an information of which	i preparer i	las any knowicage	·	
Sign Here		Signature of officer		Date		
		BETH OSTDIEK SMITH, PRESIDENT				
1161		<del></del>				
		Print/Type preparer's name Preparer's signature	[ Da	ate Gh	eck	PTIN
Paid Preparer Use Only		KENNETH A. SCHIEBER		ıt.	l-employed	P00042493
		Firm's name BORMAN & SCHIEBER, P.C.		Firm's El		17-0617732
		Firm's address 12100 W. CENTER RD #518				
	•	OMAHA, NE 68144	Phone no	.402-	-330-6600	
May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)						