Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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-EZ and its instructions is at www.irs.gov/form990. Open to Public Inspection

| A | A For the 2016 calendar year, or tax year beginning , 2016, and ending | | | 9 | , 20 |
|--------------|--|------------------------|---|--------------------|----------------------------------|
| В | Check if a | pplicable | C Name of organization | | D Employer identification number |
| | Addres | ss change | | ı | |
| | Name | change | 1 | 46-2075993 | |
| | Initial | retum | | E Telephone number | |
| | Final | return/terminated | C/O JAMES F. PORTOCK, CPA, 2701 NEW ROAD | I | 609-646-6676 |
| | Amen | ded return | City or town, state or province, country, and ZIP or foreign postal code | | F Group Exemption |
| | Applic | cation pending | NORTHFIELD, NJ 08225-1414 | | Number > |
| G | Accour | nting Method | X Cash Accrual Other (specify) ▶ H C | heck I | X If the organization is not |
| | Nebsi | - | | | to attach Schedule B |
| j 1 | Tax-exem | npt status (check only | / one) - X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 (F | orm 9 | 90, 990-EZ, or 990-PF) |
| | | | X Corporation Trust Association Other | | |
| L | Add line | es 5b, 6c, and 7 | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total | assets | |
| (Pa | rt II, co | lumn (B) below |) are \$500,000 or more, file Form 990 instead of Form 990-EZ | . ▶ | \$ 45,312 |
| Pa | art I | Revenue, E | expenses, and Changes in Net Assets or Fund Balances (see the | e ins | |
| | | Check if the | organization used Schedule O to respond to any question in this Part I | | X |
| | 1 | Contributions | gifts, grants, and similar amounts received | . 1 | 45,312 |
| Ø | 2 | | ice revenue including government fees and contracts | | |
| Q | 3 | Membership o | dues and assessments | . 3 | |
| , | 4 | | come | | |
| . J | 5 a | | t from sale of assets other than inventory 5a | | |
| | b | | other basis and sales expenses | | |
| | C | Gain or (loss) | from sale of assets other than inventory (Subtract line 5b from line 5a) | _ 5 | c |
| S | 6 | Gaming and f | undraising events | | |
| Į. | a | Gross income | from gaming (attach Schedule G if greater than | | |
| LINZ 2 WWW | | \$15,000) | | | |
| | b | | from fundraising events (not including \$ of contributions | | |
| 8 | | from fundraisi | ing events reported on line 1) (attach Schedule G if the | | |
| | | sum of such g | gross income and contributions exceeds \$15,000) 6b | | |
| | С | Less. direct e | xpenses from gaming and fundraising events 6c | | \ |
| | d | Net income of | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | t | |
| | | line 6c) | | . 6 | d |
| | 7 a | Gross sales o | f inventory, less returns and allowances | | |
| | b | Less cost of o | goods sold | | |
| | С | | r (loss) from sales of inventory (Subtract line 7b from line 7a) | . 7 | c |
| | 8 | Other revenue | e (describe in Schedule O) | . 8 | |
| | 9 | Total revenu | Je. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ 9 | |
| | 10 | Grants and si | milar amounts paid (list in Schedule O) | . 10 |) |
| | 11 | • | to or for members | . 1 | |
| 68 | 12 | | er compensation, and employee benefits | . 12 | |
| Expenses | 13 | Professional f | ees and other payments to independent contractors | . 1: | |
| × | 14 | Occupancy, re | ent, utilities, and maintenance | . 14 | |
| ш | 15 | | cations, postage, and shipping | | |
| | 16 | | es (describe in Schedule O) | | |
| | 17 | | ses. Add lines 10 through 16 | | |
| Ş | 18 | | ficit) for the year (Subtract line 17 from line 9) | | (21,088) |
| Assets | 19 | | fund balances at beginning of year (from line 27, column (A)) (must agree with | | |
| Ä | | | gure reported on prior year's return) | | |
| Net | 20 | | s in net assets or fund balances (explain in Schedule O) | | |
| | 21 | | fund balances at end of year Combine lines 18 through 20 | <u>▶ 2</u> | |
| FOF | Papen | work Reduction | n Act Notice, see the separate instructions. | | Form 990-EZ (2016) |

| | | • | |
|------|-------|--------|-----|
| Form | 990-E | EZ (20 | 16) |

| | 990-EZ (2016) | | | | | Page 2 |
|-----------|--|--------------------------------|--------------------------|---------------|--------------------------------------|----------------------------------|
| Part | Balance Sheets (see the instructions for | | | | | |
| | Check if the organization used Schedul | e O to respond to any o | uestion in this Part II. | | <u></u> | |
| | • | | (A) Beginning of year | | (B) | End of year |
| 22 | Cash, savings, and investments | | 79, | 132 2 | 2 | 58,044 |
| 23 | Land and buildings | | | 2 | | |
| | Other assets (describe in Schedule O) | T T | | 2 | | |
| | Total assets | | 79. | 132 2 | | 58,044 |
| | Total liabilities (describe in Schedule O) | - | | 2 | | 30,044 |
| | Net assets or fund balances (line 27 of column (B) mu | | 70 | 132 2 | | F0 044 |
| Part | | | | 132 2 | | 58,044 |
| ı arı | Check if the organization used Schedule | | | | | rpenses |
| 10/15 = 4 | | | | \ | Required for | |
| | is the organization's primary exempt purpose? PROV | | | | | nd 501(c)(4) as, optional for |
| | ribe the organization's program service accomplis | | | UCS, , | others) | is, optional ioi |
| | easured by expenses. In a clear and concise mains benefited, and other relevant information for each | | æs provided, the numbe | rot | , | |
| | | | | | | |
| — | OVIDE FOOD FOR SCHOOL CHILDREN AND THEIR | FAMILIES DURING THE S | JMMER | <u></u> | | |
| MO | NTHS | | | | | |
| | | | | | | |
| <u>(G</u> | irants \$) If this amo | unt includes foreign grants, c | heck here | | Ba | |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| (G | Frants \$) If this amou | unt includes foreign grants, c | heck here | 1 29 | a | |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| -(G | irants \$) If this amou | unt includes foreign grants, c | heck here | ⊤ 30 |)a | |
| | ther program services (describe in Schedule O) | | | 1 1 0 | - | |
| | , | unt includes foreign grants, c | | 31 | | |
| | otal program service expenses (add lines 28a thro | | | | | |
| | V List of Officers, Directors, Trustees, and F | | | | | otions for Dod NA |
| ı aıt | Check if the organization used Schedule O | | | | | |
| | onesk ii the organization used ochedule o | | (a) D | | | ; : : : : |
| | (a) Name and title | (b) Average hours per we | l componention | | ealth benefits, tions to employee | (e) Estimated amount of |
| | (a) name and also | devoted to pos | 1 (Forms W-2/1099-MISC |) bene | fit plans, and | other compensation |
| T 7\ MI | ec i cooper | | (ii not paid, enter 47) | dererre | d compensation | |
| | ES L. COOPER | | | | | |
| | STEE | 1.00 | | 0 | 0 | 0 |
| | WILLIAM J. HUGHES | | | . | | |
| TRUS | | 1.00 | | 0 | 0 | 0 |
| | OLINE TILL | | | | | |
| TRUS | | 1.00 | | 0 | 0 | 0 |
| | EN GREGORY | | | | | |
| TRUS | | 1.00 | | 0 | 0 | 0 |
| AMA | NDA MCGOWAN | | | | | |
| TRUS | STEE | 1.00 | | 0 | 0 | 0 |
| | | | | | | |
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| JSA | | | | | | Form 990-EZ (2016) |

| Part \ | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | |
|----------------|---|-------|-----------|---------------------------------------|
| | instructions for Part V) Check in the organization used Schedule O to respond to any question in this | Part | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | 1.00 | -:- |
| | 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 | | | |
| | 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 |
| 35 a | 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 | | Х |
| ь | 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 | | Х |
| c | 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 | } | Х |
| 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 | | Х |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | . XXX | - ` | <u>)</u> |
| | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | II.i | û | ~ . |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | Х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | . | |
| 39 | Section 501(c)(7) organizations Enter | , , , | 5.55 | |
| | Initiation fees and capital contributions included on line 9 | _ | | Ž. |
| | Gross receipts, included on line 9, for public use of club facilities | | | / 1 _{2.8} |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | i i | | 30 |
| | section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0, section 4955 \blacktriangleright 0 | ļ | | , , |
| b | 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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed | 3 | | |
| | on organization managers or disqualified persons during the year under sections 4912, | ļ; | | |
| | 4955, and 4958 | | | |
| đ | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| | 40c reimbursed by the organization | | 13 | |
| е | transaction? If "Yes," complete Form 8886-T | 400 | 1 1 | |
| 41 | List the states with which a copy of this return is filed NEW JERSEY | 40e | <u> </u> | |
| 42a | The organization's books are in care of ▶ JAMES PORTOCK Telephone no ▶ 609-646 | -66 | 7.6 | |
| | Located at №2701 NEW RD. NORTHFIELD NJ ZIP+4 № 08225 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| - | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | 1.00 | Х |
| | 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). | 1 1 | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | X |
| | If "Yes," enter the name of the foreign country ▶ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | i |
| | completed instead of Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | Y & \$ |
| | completed instead of Form 990-EZ | 44b | | _X_ |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | _X_ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| | explanation in Schedule O | 44d | | Χ |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | ž | کنگد |
| 16. | Form 990-EZ (see instructions) | 45b | | Х |
| JSA 6E 1029 | 1 000 For | m 990 |)-EZ (| 2016) |

| Form 99 | 0-EZ (2016) | | | | | | Page 4 |
|---------------|--|--|---|--|---------------|--------|---------------------|
| 46 | Did the organization engage, directly or indirectly | | _ | | 1 | Yes | |
| Part | to candidates for public office? If "Yes," complete Section 501(c)(3) organizations only All section 501(c)(3) organizations mu 50 and 51 Check if the organization used Schedu | ust answer question | ns 47-49b and 52, a | and complete the ta | bles fo | | <u> </u> |
| 47 | Did the organization engage in lobbying activiti | es or have a section | n 501(h) election in | effect during the tax | | Yes | No |
| 48 | year? If "Yes," complete Schedule C, Part II Is the organization a school as described in sect | | | | | | X |
| 49 a | Did the organization make any transfers to an ex | • | - | | | | Х |
| ь 50 | If "Yes," was the related organization a section 5 Complete this table for the organization's five hi | _ | | | trustee | es. an | X nd kev |
| | employees) who each received more than \$100, | 000 of compensation | n from the organization | on If there is none, en | | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | other co | | |
| | | _ | | | | | |
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| | | | | | | | |
| f 51 | Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and business address of each independent contributions. | highest compensate n If there is none, en | | | ceived | | than |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | - | | |
| | | | | | | • | |
| | | | | | | | |
| d | Total number of other independent contractors e | each receiving over \$ | §100,000 ▶ | | | | |
| 52 | Did the organization complete Schedule A? | | | | ĭ XYe | | 1 |
| | completed Schedule A | ncluding accompanying sch | hedules and statements, ar | nd to the best of my knowle | | | <u>JNo</u> ıt ıs |
| true, cor | rect, and complete Declaration of preparer (other than officer) is | s based on all information o | of which preparer has any k | nowledge 1/1/1/0 | | | |
| Sign | Signature of officer | | | Date / | - | | |
| Here | | & porrue | M 843 | | | | |
| | Print/Type preparer's name Prepare | r's signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Date / / | Chark f P | TIN | | |
| Paid Prepa | TAME C. arricel | AMO | 1 . 1 . 1 | | P0009 | 723 | 1 |
| Use C | PORTOCK, BYE, WEI | SS & /do. | | Firm's EIN ▶ 26-01 | 5887 | 1 | |
| | Firm's address ► 2701 NEW ROAD NORTHFIELD, NJ C | 08225 | - | Phone no 609-6 | 46-6 | 676 | |
| May th | ne IRS discuss this return with the preparer show | | ions | | XYe | | No |

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.

Open to Public

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

Inspection

OMB No 1545-0047

| lame | e of the | organizatioi | n | | | - | | | | Employer | identifi | cation number |
|------|--|--|--|-----------------------------|--|--|---|---|---------------------------------|---|------------|--|
| LE: | T US, | EAT - | PLEASE, | INC | C | | | | | | -2075 | |
| Pai | | | | | rity Status (All | | | | | | ctions | · |
| The | e organization is not a private foundation because it is (For lines 1 through 12, check only one box.) | | | | | | | | | | | |
| 1 | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | | |
| 2 | | | | | on 170(b)(1)(A)(i | | | | | | | |
| 3 | | | | | hospital service | | | | | | | |
| 4 | A | medical | research or | ganız | ation operated ir | conjunction | with a hos | spital des | cribed in | section 170(b) | (1)(A) | (iii). Enter the |
| | | | name, city, a | | | <u></u> . | | | | | | |
| 5 | | - | | | | a college o | r universit | y owned | or ope | rated by a gove | ernme | ntal unit described in |
| | | | | | omplete Part II) | | | | | | | |
| 6 | | | | | vernment or gov | | | | | | _ | |
| 7 | | _ | | | - | | rt of its su | pport fro | m a gov | ernmental unit | or fro | om the general public |
| | | | | | (1)(A)(vi). (Com _l | | | | | | | |
| 8 | | | | | d in section 170 | | | | | | | |
| 9 | | | | | | | | | | | | land-grant college |
| | | | ty or a non- | land-g | rant college of a | igriculture (s | ee instruct | ions) Er | iter the r | name, city, and s | itate of | the college or |
| | | iniversity | | | (4) | | 0/ - 5 - 4- | | f | -4 | | |
| 10 | r s | eceipts fro support fro acquired b | om activities om gross in oy the organ | s relat vestm uzatioi | ed to its exempt ent income and n after June 30, | functions - s unrelated but 1975 See se | subject to o siness taxa e ction 509 (| certain ex able inco (a)(2). (C | ception: me (less omplete | s, and (2) no mo s section 511 tax Part III) | ore that | np fees, and gross n 331/3 % of its businesses |
| 11 | | | | | and operated exc | | | | | | | |
| 12 | | | | | | | | | | | | arry out the purposes |
| | | | | | | | | | | | | ee section 509(a)(3). |
| | | • | | | | | | | | | | nes 12e, 12f, and 12g |
| а | L | | | | | | | | | | | typically by giving |
| | | | _ | | n(s) the power to | - | | | ajority of | the directors of | แนรเษ | es of the |
| | | | | | <mark>ou must compl</mark> anization superv | | | | with ite | supported oras | nizatio | on(e) by baying |
| b | | | | | | | | | | | | age the supported |
| | | | | | complete Part I | | | the same | c person | s that control c | · iiiuii | age the supported |
| _ | | | | | | | | ated in co | nnectio | n with and fund | ctional | ly integrated with, |
| С | | | - | _ | (s) (see instruction | | | | | | J. Torria. | iy iikogratoa witii, |
| d | | | | | | | | | | | upport | ted organization(s) |
| u | · L | | | | | | | | | | | d an attentiveness |
| | | | | | ons) You must | | | | | | | |
| е | | | | | nization receive | | | | | | Type I | I, Type III |
| | | | | | Type III non-fun | | | | | | | |
| f | Ente | | | | organizations | | | | | | | |
| g | Prov | vide the fo | ollowing info | rmatic | on about the sup | ported organ | ıızatıon(s) | | | | | |
| | (i) Nar | me of suppo | orted organization | n | (ii) EIN | (iii) Type of (described of | organization | | organization ur governing | (v) Amount of mo support (see | | (vi) Amount of other support (see |
| | | | | | | | instructions)) | | nent? | instructions) | | instructions) |
| | | | | | | | | Yes | No | | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Tot | al | | | | | | | | | | | |

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)

| Sect | tion A. Public Support | | | | | , | , |
|------------|---|--|-----------------|---------------|-------------|--------------|--------------|
| Cale | ndar.year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | <u>. </u> | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | ļ | | |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | <u> </u> | <u> </u> | | <u></u> |
| | tion B. Total Support | | т | r | | , | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | <u> </u> | | <u> </u> | <u>L</u> | | |
| 12 | Gross receipts from related activities, etc. (9 | see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | <u> </u> | | | | | |
| <u>Sec</u> | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2016 (li | | | | | | <u> %</u> |
| 15 | Public support percentage from 2015 | Schedule A, Pa | art II, line 14 | | | 15 | <u>%</u> |
| 16a | 331/3% support test - 2016. If the c | _ | | | | | |
| | this box and stop here . The organizati | • | | - | | | |
| Þ | 331/3% support test - 2015. If the c | _ | | | | | |
| 47- | check this box and stop here. The org 10%-facts-and-circumstances test - 2 | • | | _ | | | |
| 1 / a | 10% or more, and if the organization | | - | | | | |
| | Part VI how the organization meets | | | | | • | • |
| | organization | | | _ | • | - | ▶ □ |
| h | 10%-facts-and-circumstances test | | | | | | and line |
| J | 15 is 10% or more, and if the org | | • | | | | |
| | Explain in Part VI how the organizate | | | | | | |
| | supported organization | | | | = | • | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | |
| | | | | | | | |

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.)

| | ion A. Public Support | | | | | | |
|-------------|--|----------------------|-----------------------|--------------------|------------------|--------------------|--------------------|
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants") | | 35,386 | 33,295 | 57,865 | 45,312 | 171,858 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | - | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | 35,386 | 33,295 | 57 , 865 | 45,312 | 171,858 |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | - |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| _ | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6) | , | , | | | | 171,858 |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | | 35,386 | 33,295 | 57,865 | 45,312 | 171,858 |
| | Gross income from interest, dividends, | | | | | _ | · |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar sources | | | | | | |
| ь | Unrelated business taxable income (less | | | - | | | |
| _ | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| • • | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | |] | | | | |
| 42 | Other income Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | 35,386 | 33,295 | 57,865 | 45,312 | 171,858 |
| 14 | First five years. If the Form 990 is f | or the organiza | ition's first, secor | nd, third, fourth, | or fifth tax ye | ear as a section | 501(c)(3) |
| | organization, check this box and stop here. | | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2016 (line 8 | , column (f) dıvıd | ed by line 13, colun | nn (f)) | | 15 10 | 00.0000 % |
| 16 | Public support percentage from 2015 Sche | dule A, Part III, li | ne 15 | | | 16 1 | 00.0000 % |
| Sec | tion D. Computation of Investmen | nt Income Per | rcentage | | | | |
| 17 | Investment income percentage for 2016 (li | ne 10c, column | (f) divided by line 1 | 3, column (f)) | | 17 | %_ |
| 18 | Investment income percentage from 2015 | Schedule A, Parl | t III, line 17 | | | 18 | % |
| 19 a | 331/3% support tests - 2016. If the or | ganization did n | ot check the box | on line 14, and | d line 15 is mor | e than 331/3%, a | ind line |
| | 17 is not more than 331/3%, check th | | | | | | |
| b | 33 1/3 % support tests - 2015. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | this box and s | stop here. The or | ganızatıon qualifi | es as a publicly | supported organiz | zation 🕨 🔼 |
| 20 | Private foundation. If the organization | | | | , check this bo | x and see instri | uctions ► |
| JSA 6E12 | 21 1 000 | | | | \$ | Schedule A (Form 9 | 90 or 990-EZ) 2016 |

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Secti | on 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 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 | 3c | | |
| 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 | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | |
| 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; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 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 . | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 10 a | | 10a | | |
| b | | 10ь | | |

| Part I | V Supporting Organizations (continued) | | | |
|---------|---|----------|---------|------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | L | L |
| Section | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | 1 |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | 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 supported | | | |
| | 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 | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | |
| Section | on C. Type II Supporting Organizations | | | |
| Occin | 71 O. Type ii oupporting Organizations | | Yes | No |
| 4 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | 1,10 |
| 1 | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s) | 1 | | |
| 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1_ | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | , | | |
| | supported organizations played in this regard | | 1 1 | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | 3 | | L |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructi | one! | |
| ' a | The organization satisfied the Activities Test Complete line 2 below | ,0 UCU | OHS) | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | ınstruc | ctions) | |
| | | | Yes | No |
| 2 | Activities Test Answer (a) and (b) below. | | | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 1 | | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | l |
| | activities but for the organization's involvement | 2b | ļļ | ļ |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | 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. | 3a | | ļ |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ۸. | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | 1 | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | ization | s | |
|---|-----------|--------------------------|-------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | n Nov 20, 1970 (explai | n in Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organiz | | | |
| Section A. Adjusted Not Income | _ [| (A) Prior Year | (B) Current Year |
| Section A - Adjusted Net Income | | (A) FIIOI Teal | (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | 1 1 | | } |
| maintenance of property held for production of income (see instructions) | 6 | | <u> </u> |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year |
| Occion D - Minimum Asset Amount | | (A) Thorreal | (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | Î | | |
| 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 | | |
| e Discount claimed for blockage or other | İ | | |
| 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 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | <u>-</u> | |
| see instructions) | _ 4 _ | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | " " |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall | y integra | ated Type III supporting | organization (see |
| instructions). | | | • |

| Part ' | | supporting Organizat | ions (conunaeu) | 0 |
|----------|--|-----------------------------|--|-------------------------------------|
| Secti | on D - Distributions | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exen | ed | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | ations | |
| 4_ | Amounts paid to acquire exempt-use assets | | | |
| 5 | 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 | | | . <u>-</u> |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI) See instructions | | <u> </u> | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | <u> </u> |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| : | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required-explain in Part VI) See | | | |
| | instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016. | | | |
| a | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2016 from | | | |
| | Section D, line 7 ⁻ \$ | | | |
| а | Applied to underdistributions of prior years | , <u>-</u> | | |
| b | Applied to 2016 distributable amount | | | |
| <u>C</u> | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any Subtract lines 3g and 4a from line 2 For result | | | |
| | greater than zero, explain in Part VI See instructions | | | |
| 6 | Remaining underdistributions for 2016 Subtract lines 3h | | | |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI See instructions | | | <u> </u> |
| 7 | Excess distributions carryover to 2017 Add lines 3 | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7 | | | |
| <u>a</u> | 5 0040 | | | |
| <u>b</u> | Excess from 2013 | | | |
| <u>c</u> | Excess from 2014 | <u> </u> | | |
| <u>d</u> | Excess from 2015 | | | |
| <u>e</u> | Excess from 2016 | <u> </u> | 1 | |

| Pag | _ | 8 |
|-----|---|---|
| | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

| Name of the organization | | | Employer Identification number |
|--------------------------|------------------|---|--------------------------------|
| LET US EAT - PLEASE | I, INC | | 46-2075993 |
| FORM 990 EZ PART 1 | LINE 16: | | |
| OTHER EXPENSES | | | |
| FOOD PURCHASED | \$ 64,618 | | |
| FILING FEES | \$ 85 | | |
| BANK CHARGES | \$ 2 | | |
| INSURANCE | \$ 1,695 | | |
| TOTAL | \$ 66,400 | | |
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| *Schedule O (Form 990 or 990-EZ) (2016) | | Page Z |
|---|---|-------------|
| Name of the organization | Employer identification number 46-2075993 | |
| LET US EAT - PLEASE, INC | 140-2073993 | |
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