990-EZ

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 foundațioிந்s)

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

A For the 2016 calendar year, or tax year beginning 2016, and ending 20 C Name of organization B Check if applicable: D Employer identification number Address change Presbyterian Panty of Green Bay, Inc. 47-3189239 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 200 South Ashland Avenue 920-213-9878 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Green Bay, Wisconsin 54303 G Accounting Method: H Check ▶ ☑ if the organization is not Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). ☐ Association K Form of organization: ✓ Corporation ☐ Trust ☐ Other 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 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 1 1 24,637 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the SSC sum of such gross income and contributions exceeds \$15,000). . . MAY 21 2018 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances . . . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 24,637 Grants and similar amounts paid (list in Schedule O) 10 10 27,658 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors . . . 13 14 14 15 15 16 16 110 17 17 27,768 18 18 -3,130 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 13,787 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 700 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 11,357 Form **990-EZ** (2016) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421

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Pai	rt II Balance Sheets (see the instruction					
	Check if the organization used Sche	dule O to respond to a			<u> </u>	· 💆
				(A) Beginning of year	(B) End of ye	ear ²
22	Cash, savings, and investments		[_	12,587	22	9,457
23	Land and buildings		. <i>.</i> [_	:	23	
24	Other assets (describe in Schedule O) .		. <i>.</i> <u>L</u>	1,200	24	1,900
25	Total assets			13,787	25	11,357
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of col	umn (B) must agree wit	h line 21)	13,787	27	11,357
Par	t III Statement of Program Service Acc	complishments (see t	ne instructions for F	art III)		
	Check if the organization used Sche	dule O to respond to a	ny question in this	Part III	Expenses	
Wha	t is the organization's primary exempt purpose	? Food Pantry for the	poor		(Required for sect 501(c)(3) and 501(
Desc	cribe the organization's program service acco	molishments for each of	of its three largest or	ogram services	organizations; opt	. , . ,
as m	neasured by expenses. In a clear and concisions benefited, and other relevant information for	se manner, describe th			others.)	
<u> </u>	Walk-in food pantry for area poor. Groceries dist	<u></u>	days of the month by	all	7	
	(Grants \$) If this armo	ount includes foreign gr	ants, check here	• 🗇	28a	27,658
29	<u> </u>		· · · · · · · · · · · · · · · · · · ·			27,030
	(Grants \$) If this amo	ount includes foreign gr	ants check here	▶ □	29a	
30						
•						
	(Grants \$) If this amo	ount includes foreign gr	ants check here		30a	
31	Other program services (describe in Schedule					
٠.		ount includes foreign gr		.	31a	
32	Total program service expenses (add lines	28a through 31a)	artis, criccit fiere .	· · · ·	32	27.650
						27,658 art IV
	t IV List of Officers, Directors, Trustees, and	I Key Employees (list eac	h one even if not comp	ensated-see the ins	structions for Pa	
		I Key Employees (list ead dule O to respond to a	h one even if not comp	pensated—see the ins Part IV	structions for Pa	
	t IV List of Officers, Directors, Trustees, and	I Key Employees (list eac	h one even if not comp ny question in this l	ensated-see the ins	structions for Pa	art IV) . mount of
Par	List of Officers, Directors, Trustees, and Check if the organization used Sche (a) Name and title	I Key Employees (list each dule O to respond to a (b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the instant IV	structions for Pa	art IV) . mount of
Par	List of Officers, Directors, Trustees, and Check if the organization used Sche	I Key Employees (list each dule O to respond to a (b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the instant IV	(e) Estimated an other compen	art IV) . mount of
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Part \	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		. 🗆
	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	Yes	No
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			V
35a	change on Schedule O (see instructions)	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b 38a		√
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		_	_
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1		
b 40a	Gross receipts, included on line 9, for public use of club facilities	1	! !	
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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	102		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			<u> </u>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ None			
42a		20-21	3-987	В
b	Located at ▶ 200 South Ashland Avenue, Green Bay, WI ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	54303	-1604 Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No ✓
	If "Yes," enter the name of the foreign country: ▶	12.5		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
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	• •	. 1	▶ □
	Billing and the model of the second of the s		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
45	explanation in Schedule O	44d	<u> </u>	1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
	Form 990-EZ (see instructions)	45b		1

Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schodule O to respond to any question in this Part VI The check if the organization as chools as described in section 170b(t)(1)(A)(0)? If "Yes," complete Schedule C, Part II If "Yes," complete Schedule C, Part II If "Yes," vas the related organization a section 527 organization? If "Yes," was the related organization as each on 170b(t)(1)(A)(0)? If "Yes," complete Schedule E If "Yes," was the related organization as each on 170b(t)(1)(A)(0)? If "Yes," complete Schedule E If "Yes," was the related organization as each on 170b(t)(1)(A)(0)? If "Yes," complete Schedule E If "Yes," was the related organization as each on 180b(to 10) organization? If "Yes," was the related organization as each or 180b(to 10) organization? If "Yes," was the related organization as each organization from the organization in the large organization. If there is none, enter "None." If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A c		Did the organization engage, directly or in to candidates for public office? If "Yes," of					tion	es No
Veal No. Vea		Section 501(c)(3) organizations All section 501(c)(3) organization	only					lines
10 bit the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 √ √ √ √ √ √ √ √ √		Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI			<u> </u>
Did the organization make any transfers to an exempt non-charitable related organization? 49a √ 49b	47			section 501(h) election	on in effect	dunng the	tax	es No
(a) Name and title of each employee legislation legis	49a b	Did the organization make any transfers t if "Yes," was the related organization a se Complete this table for the organization's	o an exempt non-cha ection 527 organization five highest compen	untable related organi on? sated employees (oth	zation? . ner than offi		. 49a . 49b ors, trustees,	
f Total number of other employees paid over \$100,000 . ▶ 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A □ Yes □ No Under penalize of penyur, i decire that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of pragage (other theft filter) is biglied on all information of which preparer has any knowledge. Sign None Preparer Use Only Film's name ▶ Film's admiss ▶ Film's name Films Film's lame Film's lame Film's lame Film's admiss Fil		(a) Name and title of each employee	hours per week	compensation	contributions benefit plans	s to employee , and deferred		
f Total number of other employees paid over \$100,000	None							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☑ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other thysh officer) is based on all information of which preparer has any knowledge. Sign Prim's card K. Houston, Date Preparer Use Only Prim's name Firm's name Firm's name Firm's name Firm's name Proparer's signature Proparer's signature Proparer's signature Proparer Date Check fl self-employed Priin					`			
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☑ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other thysh officer) is based on all information of which preparer has any knowledge. Sign Prim's card K. Houston, Date Preparer Use Only Prim's name Firm's name Firm's name Firm's name Firm's name Proparer's signature Proparer's signature Proparer's signature Proparer Date Check fl self-employed Priin					-			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☑ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other thysh officer) is based on all information of which preparer has any knowledge. Sign Prim's card K. Houston, Date Preparer Use Only Prim's name Firm's name Firm's name Firm's name Firm's name Proparer's signature Proparer's signature Proparer's signature Proparer Date Check fl self-employed Priin			-					
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ▼ Yes No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepage (other high officer) is byted on all information of which preparer has any knowledge. Sign Here Paid Preparer's signature Preparer's signature Date Check ☐ if PTIN self-employed Prim's EIN ▶ Firm's address ▶ Phone no.		Complete this table for the organization	's five highest compo		contractor	s who eacl	n received m	ore than
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c) Compensation	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None							
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				-				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
Sign Here Carol K. Houston, Type or print name and title Preparer Use Only Firm's name Firm's address Preparer (other than officer) is based on all information of which preparer has any knowledge. Date Carol K. Houston, Treasurer Type or print name and title Preparer's signature Date Check fram's EIN Firm's address Phone no.	_	Did the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga				□ No
Sign Here Carol K. Houston, Treasurer Type or print name and title Preparer Use Only Firm's name Firm's address Preparer Firm's address Preparer Preparer's signature Print's name Preparer's signature Print's name Preparer's signature Preparer's signature Print's name Preparer's signature Print's name Print's name Preparer's signature Print's name Print'	Under p	enalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other tha	return, including accompan	nying schedules and statem ormation of which preparer	ents, and to th	e best of my k edge.	nowledge and be	elief, it is
Here Carol K. Houston, Treasurer Type or print name and title Paid Preparer's name Preparer's signature Preparer Date Check f self-employed		OFA	Motor)			····	
Paid Preparer's name Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name Firm's address ▶ Phone no.		Carol K. Houston,	surer	11/15	/2°	tte /	7	
Use Only Firm's name ► Firm's EIN ► Phone no.		Print/Type preparer's name	Preparer's signature		ale		l ff [
Firm's address ▶ Phone no.		1			Fir	m's EIN ▶		
		Firm's address ▶	r chown phoyo? Soc	inetructions	Ph	one no.	▶ □ v i	7 81-

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 473189239 Presbyterian Pantry of Green Bay, 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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, C 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 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). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (vi) Amount of support (see (described on lines 1-10 listed in your governing other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked th				,		•
	Part III. If the organization fails to						ally under
Secti	on A. Public Support	r quality direct	7 110 10313 [[nou bolow, p	icaso compic	to rait iii.)	/
	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.")	(4) 23 12	(2) 2010	(4) 23.	(2) 2.0.0	(4,20.0)	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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		<u> </u>	L_/	L	l	<u>l</u> _
	on B. Total Support	4 > 0040	6) 00 (0	/	1 45 55		
	dar 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	/					
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	ie orgánization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re /	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line 6					14	%
15	Public support percentage from 2015 Sch					15	%
16a	331/3% support test-2016. If the organi						
_	box and stop here. The organization qual			_			
Ь	331/s% support test—2015. If the organization						•
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, cl st. The organi	heck this box a	and stop here. s as a publicly	. Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the/organization in supported organization	ition meets the neets the "fact	e "facts-and-c ts-and-circum:	circumstances stances" test.	" test, check t	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k 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.)

Secti	on 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.")	0	o	0	37599	24637	62236
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	İ					
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	37599	24637	62236
7a	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	ŀ				İ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						62236
	on B. Total Support	430040					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	0	37599	24637	62236
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less				· · · · · · · · · · · · · · · · · · ·		
b	section 511 taxes) from businesses					Ì	
	acquired after June 30, 1975			Ì			
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 carried on				i		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			·			
	and 12.)	o	o	o	37599	24637	62236
14	First five years. If the Form 990 is for the	e organization	s first, second		or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	re	<u></u>				▶ ☑
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sch			<u> </u>	<u></u>	16	%
<u>Secti</u>	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (I					17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box a		_	-		•	
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this b		_	•			
20	Private foundation. If the organization did	d not check a t	ox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

Part IV Supp

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>'.) </u>	
<u>Secti</u>	on A. All Supporting Organizations		1	
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	Yes	No
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		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
	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.	3ь		
	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)			
5a	purposes. 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).	4c 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		
c	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.	9ь		
С	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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess husiness holdings in the tay year? (Use Schedule C. Form 4720, to		Γ^{-}	

determine whether the organization had excess business holdings.)

10b

Part	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		
	A family member of a person described in (a) above?	11b		
C	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
Secu	on B. Type I Supporting Organizations		V	- I
	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
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	L	
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			
	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	<u> </u>		L
occu	on b. All Type III supporting significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	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.			
Cooti	on E. Type III Functionally Integrated Supporting Organizations	3		L
Secu				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	☐ 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 government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 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			
	activities but for the organization's involvement.	26		
2	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
•	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-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		
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) Pnor 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):			
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			
factors (explain in detail in Part VI):			ļ .
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,			
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 int	egrated Type III support	ng organization (see
instructions).		•	•

Part	e A (Form 990 or 990-EZ) 2016 V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	Page 7
_	on D - Distributions	y capporang organi	zadono (continuca)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Odifort Toda
	Amounts paid to perform activity that directly furthers exe		orted	
_	organizations, in excess of income from activity	mpr parpoods or cappe		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
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.			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		
Se	ection 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			
2	Underdistributions, if any, for years prior to 2016 (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			
ē	From 2015			
f	Total of lines 3a through e			
g				
<u>h</u>	TF			
_ <u> i </u>	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
_4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
	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.		i	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
— е	Excess from 2016	·		

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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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

2016

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

Presbyterian Pantry of Green Bay Inc.	47-3189239
Form 990-EZ	
Part 1-line 16	
State of Wisconsin Dep't Fin Inst-Annual Fee	\$ 10
Feeding America Annual Membership Fee	100
Total	<u> 4110</u>
Part 1-line 1'0	
Groceries to Poor-All	\$27.658
PartII-line a4	
Change in Food Inventory	\$700
Change in Food Inventory YE 2016 MINVENTON Bolance	\$ 1,900
/	
