100 LEWIS 100 1 1 2018

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public

Dep	artment of the	he Treasury Service ► Go to www.irs.gov/Form990 for instructions and the lat	test information.		Inspection			
A		2017 calendar year, or tax year beginning 01/01 , 2017, and e		2/31	20 17			
В	Check if a				entification number			
	Address c			81	-0622721			
	Name cha		m/suite	E Telephone nu				
$\overline{\mathcal{Q}}$	Initial retur			602-266-8370				
$\overline{\Box}$	Final return	1712						
$\vec{\Box}$	Amended			G Gross receip	ts \$ 208,895			
$\overline{\Box}$	Application		H(a) Is this a c		Imates? Yes V No			
		342 E Thomas Rd, Phoenix, AZ 85012			uded? Yes No			
$\overline{}$	Tax-exem			ach a list. (see in				
J	Website:		H(c) Group	exemption num	ber ▶			
K	Form of or	ganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of fo	ormation: 2003	M State of le	gal domicile. AZ			
Р	art I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities: Th	ne Cultural cup F	ood Bank and	its staff are			
9		committed to providing an environment that protects and maintains a high level	l of dignity and re	espect for peo	ple in need in			
Пап	<u> </u>	Continued on Schedule O, Statement 2)			·			
Ver	2 (Check this box ▶☐ if the organization discontinued its operations or dispos	sed of more than	n 25% of its r	et assets.			
ŝ	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	4			
ංජ ග	4 1	lumber of independent voting members of the governing body (Part VI, line	1b)	4	0			
Ę	5 7	otal number of individuals employed in calendar year 2017 (Part V, line 2a)	•	5	0			
Activities & Governance	6 T	otal number of volunteers (estimate if necessary)		6	3			
ĕ		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	b N	let unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0			
			Prior Y	ear	Current Year			
ō	1	Contributions and grants (Part VIII, line 1h)	·	131,336	175,659			
enc	9 F	Program service revenue (Part VIII, line 2g)		0	33,236			
Revenue	I .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0			
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0			
		otal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		131,336	208,895			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,444	34,868			
	I .	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
es		dalaries, Other compensation, employee benefits (Part IX, column (A), lines 5-10))	60,280	114,296			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	i	0	0			
×		otal fundraising expenses (Part IX, column (D), line 25)	№					
ш		Other expenses (Part IX, column (A), lines 11a 11d, 11 246	3\	70,045	60,946			
		oral experience year most to 17 (mast edgas) for his column for the first		150,769	210,110			
		levenue less expenses. Subtract line 18 from line 12 SEP	302	-19,433	-1,215			
Net Assets or Fund Balances			Beginning of Cu		End of Year			
Salai	20 T	fotal assets (Part X, line 16)	.	-19,433	-1,215			
a de	21 T	otal habititios (rait X, mio 25)	·	-19,433	-1,215			
		let assets or fund balances. Subtract line 21 from line 20	<u>• . </u>	0	0			
	irt II	Signature Block	 					
		es of perjury, I declare that I have examined this return, including accompanying schedules and se and complete Declaration of preparer (other than officer) is based on all information of which pre			owledge and belief, it is			
	$\overline{}$		1		18.10			
Sig	ın	Signature of officer	Da	_ 0 _ 6	×0-/-8			
He	1	O DIN ON	50		Can and con			
		Sabiha Keskin, Executive Director Type or print name and title			(Sucona cop			
_		Print/Type preparer's name Preparer's signature	Date	<u> </u>	TPTIN Sent			
Pa		Topulor diagrature		Check I f				
	eparer				<u></u>			
Us	e Only			n's ElN ▶				
Ma	the IDC	Firm's address discuss this return with the preparer shown above? (see instructions)		one no	. Yes No			
_			Cat No. 11282V		Form 990 (2017)			

	(Continued on Schedule O, Statement 3)		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes	[∕] No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□ v	[7] No.
		☐ Yes	[₹] NO
	If "Yes," describe these changes on Schedule O.		rad bu
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc		
	the total expenses, and revenue, if any, for each program service reported.	anono re	ouncio,
4a	(Code:) (Expenses \$ 27,616 including grants of \$ 0) (Revenue \$		1)
	Provided Families and Individuals with rental, utilities assistance.		
4b	(Code:) (Expenses \$ 545 including grants of \$ 0) (Revenue \$	(<u>)</u>)
	Assist with medical supplies such as compression stocking when client cant afford, case by case when available.		

4c	(Code:) (Expenses \$6,707 including grants of \$0) (Revenue \$	C))
	Food program includes purchase of food for Homeless Lunch bags as well as specialty food items for annual progra	ms	
44	Other program convece (Deceribe in Schedule O.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 34,868		
	34,000	Form Q	90 (2017)
		. 0.111	(2011)

Part.IV	Checklist of Required Schedules	

			T	г
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		▼
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>·</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
		Fa	. 000	/OO4 70

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Part.	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		▼
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	 	<u> </u>
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

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

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

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rait	Chack if Schodula O contains a recommon or note to any line in this Bort V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	\vdash		-10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	{		1
	reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		/
<u> L</u> u		}		1
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	-	l
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		├
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		, -
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		 -
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	, ,		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-,
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	_	
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
-	gifts were not tax deductible?	6b		Ì
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	j j		İ
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
р	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		_	
а	Initiation fees and capital contributions included on Part VIII, line 12		ı	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		_ 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		l	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h)	}

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI											
Secti	on A. Governing Body and Management											
•			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		-								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1								
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
a b	The governing body?	8a 8b		√								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)									
			Yes	No								
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓								
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		_								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	I I a										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		√								
13	Did the organization have a written whistleblower policy?	13		✓								
14 15	Did the organization have a written document retention and destruction policy?	14	✓									
а	The organization's CEO, Executive Director, or top management official	15a		1								
b	Other officers or key employees of the organization	15b		√								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b										
Secti	on C. Disclosure											
17 18	List the states with which a copy of this Form 990 is required to be filed ► AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)								
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest (policy	, and								
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords:	•									
	Sabiha Keskin, (602)266-8370											

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	ensa	ated any currer	it officer, directo	r, or trustee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per week (list any					or/trus		compensation from	compensation from related	amount of other
	hours for	유	Inst	Officer	<u>₹</u>	활돌	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Cer	Key employee	hest	를	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	ğ a	ona	ŀ	흥	8 0		(VV-2/1099-IVIISC)		organization and related
	line)	uste	tru	ļ)ee) per	ļ	ł	ŧ	organizations
		¥	stee	İ		Highest compensated employee		1		
	 	 		-		<u> </u>	├	 		
Sabiha Keskın	40									
Chief Executive Officer/ Ex Director	1	✓			i	1		48,296	o	1
Shante McLendon	0									
Secretary	1			✓	<u> </u>		<u> </u>	0	0	
Munirah Alrawashdeh	30						İ			
Officer	0		Ш	✓	1	<u> </u>	<u> </u>	44,062	0	
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	 		Н				├─		· · · · · · · · · · · · · · · · · · ·	
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						1	1 1	1		

	(A) Name and trile	(B) Average hours per week (list any	box, office	unles er and	Pos leck s pe	rson irect	than o	an tee)	(D) Reportable compensation from	(E) Reportab compensation related		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		from organ and	ensation m the nization related nizations	
		 	ļ							ł	ı			
												 		
								_					_	
							-	_	· · · · · · -					
						_		-	<u> </u>			 :		
						-								
												-		
1b c	Sub-total	VII, Sectio	 n A					>	92,358		0			0
d	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	not limited				_		▶		ore than \$1	0 00,000	of		0
3	Did the organization list any former of		tor, o	r tr	uste	e,	key e	emp	loyee, or high	est compe	nsated	1	Yes	No
4	employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the	sum of re	portat	ole d	com	per	nsatio	n a		ensation fr	om the			✓
5	organization and related organizations individual	·										4		✓
	for services rendered to the organization?											5		✓
Section 1	Complete this table for your five highest of compensation from the organization. Rep year.													
	(A) Name and business addi	ress							(B) Description of se	ervices		(C) Compens	ation	
None												_		_
		-					-							
2	Total number of independent contractor received more than \$100,000 of compensations.	-	_					th	ose listed abo	ove) who				

Form **990** (2017)

	e value	Check if Schedule C	contains	a res	ponse or note to	any line in this	Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0				
ts, (С	Fundraising events .		1c	0				
ia i	d	Related organizations		1d	0				
Sim.	e	Government grants (cor		1e	0		i		
e ic	f	All other contributions, g and similar amounts not inc		1f	475.050				
를 등 등	_	Noncash contributions include			175,659				
Son	g	Total. Add lines 1a-1				175,659			
9	 	Totali / tee iii loo / te /		· · · ·	Business Code	170,000			
Program Service Revenue	2a	SNAP Program Incom	е		813990	33,236	33,236	0	0
æ	b								
Vice.	С								
Ser	d		••••						
ram	е								
rog	f	All other program ser			L	0	0	0	0
<u> </u>	3	Total. Add lines 2a-2 Investment income	(including	divid	ends interest	33,236			
	"	and other similar amo	ounts) .		ends, interest,	0	0	0	0
	4	Income from investmen			<u></u>	0	0	0	
	5	Royalties		•	• –	0	0	0	0
		,	(i) Real		(ii) Personal				
	6a	Gross rents		0	0				
	b	Less: rental expenses		0	0				
	С	Rental income or (loss)		0	0				
	d	Net rental income or		<u></u>		0	0	0	0
	7a	Gross amount from sales of	(i) Securit		(II) Other				
	_	assets other than inventory Less, cost or other basis		0	0				
	b	and sales expenses .			ا				
	С	Gain or (loss)		0	0]			
	d	Net gain or (loss) .	L	<u> </u>	▶	0	0	0	0
nue		Gross income from fu		• •				U	
Other Rever		events (not including \$ of contributions reported	ed on line 1	<u>0</u> c).					
er I	ŀ			•	o	1			
돭	b	Less direct expenses	S	. b	0				
	С	Net income or (loss) f			events . ►	0		0	
	9a	Gross income from gassee Part IV, line 19 .	aming activi						
	ь	Less: direct expenses		-	0	l	[
		Net income or (loss) fi				0	0	0	0
		Gross sales of in							
		returns and allowance	•		o	1	ļ		
	ь	Less: cost of goods s	old	. b	0				
	c	Net income or (loss) for			entory ►	0	0	0	0
		Miscellaneous R	evenue		Business Code				
	11a								
	b								
	С		••						
	d	All other revenue .		•					
	12	Total Add lines 11a-			<u>-</u>	0			
	12	Total revenue. See in	ISTRUCTIONS.		<u>, , , , , , , , , , , , , , , , , , , </u>	208,895	33,236	0	0

Part.IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u> </u>	<u>.</u>
Do no 8b, 9l	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		_
2	Grants and other assistance to domestic individuals. See Part IV, line 22	34,868	34,868		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	100,344	0	100,344	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	- · · · · · · · · · · · · · · · · · · ·	0	0	0	0
7 8	Other salaries and wages	5,591		5,591	
•	section 401(k) and 403(b) employer contributions)	o	o	0	0
9	Other employee benefits	0			0
10	Payroll taxes	8,361	0	8,361	0
11	Fees for services (non-employees):			9,00	
а	Management	0	o	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	790	0	790	0
13	Office expenses	6,133	0	6,133	0
14 15	Information technology	1,698	0	1,698	0
16	Royalties	48,132	0	48,132	0
17	Travel	1,425	0	1,425	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	290	0	290	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bank and misc professional fees	2,478	0	2,478	0
b					
С					
d					
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	210,110	34,868	175,242	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	-19,433	1	-1,215
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	ļ	Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ÿ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
İ	10a				
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	-19,433		-1,215
	17	Accounts payable and accrued expenses	-19,433		-1,215
	18	Grants payable	0		0
	19	Deferred revenue	0	_	0
	20	Tax-exempt bond liabilities	0	_	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ.		trustees, key employees, highest compensated employees, and			
iat		disqualified persons. Complete Part II of Schedule L	0		0
-1	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
ı		of Schedule D		25	•
- 1	26	Total liabilities. Add lines 17 through 25	0 10 433	26	1 215
\neg	20	Organizations that follow SFAS 117 (ASC 958), check here ► 🗸 and	-19,433	20	-1,215
Se		complete lines 27 through 29, and lines 33 and 34.			
<u>ا</u>	27	Unrestricted net assets	0	27	
32	28	Temporarily restricted net assets	0	28	0
핗	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
es:	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ř	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>ا</u> و	33	Total net assets or fund balances	0	33	0
	34	Total liabilities and net assets/fund balances	-19,433	34	-1,215
					Form 990 (2017)

Form 9	90 (2017)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•			7
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20	8,895
2	Total expenses (must equal Part IX, column (A), line 25)	2		21	0,110
3	Revenue less expenses. Subtract line 2 from line 1	3			1,215
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1,215
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 T			
	33, column (B))	10			0
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other			}	1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ın	}		
	Schedule O.				
2a	The same of the sa		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	The same of the sa		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			!
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		L
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ın			l i
	Schedule O.	_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a_		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE CULTURAL CUP FOOD BANK 81-0622721 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 331/8% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total	 		†			

Schedule A (Form 990 or 990-EZ) 2017

Par							
	(Complete only if you checked the						alify under
Saat	Part III. If the organization fails to	o quality unde	er the tests is	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 0040	(5) 004.4	(-) 0045	4-0.0040	1 413 0047	(n = 1)
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
Sect	ion B. Total Support		,,,				
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	j	<i>!</i> '				
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the				or fifth tay ye	12	p. 501(a)(2)
13	organization, check this box and stop he	re Organization	is mist, secon	u, triiru, rourtri	, or man tax ye	ear as a secuo	1 50 1(c)(5)
Secti	on C. Computation of Public Suppor			<u> </u>	<u> </u>		<u> </u>
14	Public support percentagé for 2017 (line 6			1 column (fl)		14	 %
15	Public support percentage from 2016 Sch					15	<u>%</u>
16a	331/3% support test 2017. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	nd line 14 is 33		
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15		_
17a							
b	10%-facts-and-circumstances test—20 15 is/10% or more, and if the organization in Part VI how the organization is supported organization	ition meets the neets the "fact	e "facts-and-c	ercumstances" stances" test.	test, check t	his box and s	top here.
18	Private foundation. If the organization durinstructions	d not check a	oox on line 13,	16a, 16b, 17a			

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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	126,170	119,971	104,371	136,249	208,895	695,656
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	_					
	furnished in any activity that is related to the				Ì		
	organization's tax-exempt purpose	0	0	0			0
3	Gross receipts from activities that are not an				ĺ		
	unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid to					j	
	or expended on its behalf	0	0	0	0		0
5	The value of services or facilities						
	furnished by a governmental unit to the					ľ	
_	organization without charge	0	0	0			0
6	Total. Add lines 1 through 5	126,170	119,971	104,371	136,249	208,895	695,656
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	_	_	_	_ (ì	_
	· · ·	0	0	0	0		0
þ	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	22,500	34,090	o	15,400	11,300	83,290
С	Add lines 7a and 7b	22,500	34,090	0	15,400	11,300	83,290
8	Public support. (Subtract line 7c from	22,300	34,090		13,400	11,300	03,230
	line 6.)						612,366
Secti	on B. Total Support			'			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	126,170	119,971	104,371	136,249	208,895	695,656
10a	Gross income from interest, dividends,	_			<u>-</u>		
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	0	0	0	0		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				J		
	acquired after June 30, 1975	0	0	0	0		0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		:			İ	
	activities not included in line 10b, whether or not the business is regularly carried on	_	_ [_	_ }		_
40	* *	0	0		0		0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		o	ا	١		0
13	Total support. (Add lines 9, 10c, 11,	0		0	0		0
	and 12.)	126,170	119,971	104,371	136,249	208,895	695,656
14	First five years. If the Form 990 is for th						
	organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2017 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	88.03 %
16	Public support percentage from 2016 Sch			<u> </u>	<u> </u>	16	82.63 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (• • • • • • • • • • • • • • • • • • • •			17	<u>o %</u>
18	Investment income percentage from 2016					18	0 %
19a	331/3% support tests—2017. If the organi						
	17 is not more than 331/3%, check this box	-	_	-	• •	-	_
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di					-	
20	in mate roundation if the Organization th	u nocon c er a l	JUA UII III IC 14,	10a, UI 13D, U	HOUR WIID DUX (ふいい うせき いろいひし	AUDIO 🚩 🔲

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.)

Section A. All Supporting Organizatio	ions	ınizat	Orga	na C	port	Sup	All	A.	tion	Se
---------------------------------------	------	--------	------	------	------	-----	-----	----	------	----

ecti	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		
4 a	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.			
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).	4c		
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			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	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	Ja		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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		
0a	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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	1	1
	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		
Secti	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			
	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,	1	ļ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ŀ		-
•		1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			İ
	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,	1		
	supervised, or controlled the supporting organization.		-	
Section	on C. Type II Supporting Organizations	2		
Secu	on o. Type it Supporting Organizations		Yes	Nia
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
•	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		
Secti	on D. All Type III Supporting Organizations	1 *	<u> </u>	L
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		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			i
	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			1
	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.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ons)
2	Activities Test. Answer (a) and (b) below.	1	V	N.
			Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l i		!
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
~	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			1
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			i
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			İ
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
-	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	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 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			
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) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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):			
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 instructions).	y int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)			
Sect	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	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.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6	······································				
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		(iii)		
S(Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2017					
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
c	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7: \$					
а	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·				
b	Applied to 2017 distributable amount					
С	Remainder, Subtract lines 4a and 4b from 4.	<u></u>				
5	Remaining underdistributions for years prior to 2017, if					
•	any. Subtract lines 3g and 4a from line 2. For result		i			
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7.					
а	Excess from 2013					
b	Excess from 2014					
С	Excess from 2015			-		
d	Excess from 2016					
е	Excess from 2017					

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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SCHEDULEI (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection 2017

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

Employer identification number 81-0622721

THE CULTURAL CUP FOOD BANK Department of the Treasury Internal Revenue Service Name of the organization

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part | General Information on Grants and Assistance

	the selection criteria used to award the grants or assistance?
~	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
į	
ŧ	drants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Schedule I (Form 990) (2017)		Cat No. 50055P	Ca		for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
			ne 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment organizati in the line 1 table	Enter total number of section 501(c)(3) and government org Enter total number of other organizations listed in the line 1
		:				
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(p) EIN
	330, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	uplicated if addition	Part II can be d	ore than \$5,000.	that received m	ог апу гесіріеп

Far III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See S	See Schedule I, Part IV, Statement 1					
8						:
က						
4						
5						
စ						
7	3 - 4 - F		- 1	= 1	(4)	
Schedule I, scanned an	Schedule I, Part I, Line 2 - Emergency rental utility assistance is by application process, client must provide a late or turn of notice to qualify for limited assistance. Applications are scanned and saved, amounts funded are based on available funds.	ance is by applications able funds.	on process, client mus	st provide a late or turn	off notice to qualify for limite	d assistance. Applications are
		 				Schedule I (Form 990) (2017)

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.

20**17**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number			
THE CULTURAL CUP FOOD BANK	81-0622721			
Form 990, Part VI, Section A, Line 8a - Annual meeting was inadvertently overlooked and was not scheduled.				
Form 990, Part VI, Section A, Line 8b - No committees were formed.				
Form 990, Part VI, Section B, Line 11b - At this time our BOD is small; CEO and Financial Officer is the	same person submitting the 990. No			
review by other directors.				
F 200 P 1/4 C				
Form 990, Part VI, Section C, Line 19 - Did not make public				
F. And B. William I. J. J. J. Addition				
Form 990, Part XI, Line 9 - In the negative at end of year by -\$1215.00				
······				
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