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DLN: 93493109007456

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2014 cal	endar year, or tax year beginning	07-01-2014 , and ending 06-30-20	15				
	neck if ap Idress cha		C Name of organization SEACOAST FAMILY FOOD PANTRY					ntification number	
	ame char	_	Doing business as			02-02	26943	3	
	ıtıal retur		Doing business as						
Fı	nal		Number and street (or P O box if ma 7 JUNKINS AVENUE	nil is not delivered to street address) Room/s	suite	E Telepho			
	turn/term					(603)	436-6	161	
_	nended r	eturn pending	City or town, state or province, count PORTSMOUTH, NH 03801	G Gross re	G Gross receipts \$ 999,353				
, .,	phodelon	ponumg	F Name and address of princ	H(2) T	a this a group	raturn	for		
			ELISA BOLTON	sipar officer		s this a group ubordinates?	return	ror	
			7 JUNKINS AVENUE PORTSMOUTH,NH 03801		H(b) A	re all subordu	nates	┌ Yes ┌ No	
					_ ''	ncluded?			
_		pt status		sert no) 4947(a)(1) or 527	_ I	f "No," attach	a lıst	(see instructions)	
			ACOASTFAMILYFOODPANTRY		1,	Group exempt			
	m of org		Corporation Trust Association	Other ►	L Year	of formation 18	16 M	State of legal domicile NH	
	$\overline{}$		escribe the organization's mission	or most significant activities					
Governance	V S F C E S	WE HAV SOCIET FOCUS FAMILIE COMMU ENSURE FOR WE PRODU	E GROWN TO BECOME A NEAR Y, WE CHANGED OUR NAME IN IS NOT ONLY TO PROVIDE FOO ES HOW TO MAKE NUTRITIONA NITY PARTNERS INCLUDING L E WE PROVIDE FRESH FRUITS, N E STRIVE TO FULFILL THE NEED	WHOSE GOAL WAS TO FEED THE F LY \$500,000 ORGANIZATION OR 2007 TO BETTER REFLECT THE S DD AND BASIC NECESSITIES BUT LLY SOUND FOOD CHOICES AND OCAL FARMERS, GROCERS AND T /EGETABLES, HIGH QUALITY PRO DS OF LOW-INCOME INDIVIDUAL: LTHY LIVING SERVICES ARE PRO	IGINALLY ERVICES TO INSPI PREPARE HE PORTS TEINS AN	NAMED THE WE OFFER IN RE, ENCOUR, HEALTHY ME MOUTH FARM D WHOLE GR 11LIES WITH	LADIE OUR (AGE A EALS \ 1ERS' AINS \ FOOD	S HUMANE COMMUNITY OUR ND TEACH OUR WE WORK WITH MARKET TO YEAR ROUND AT , PERSONAL CARE	
	-								
2 6 99	-								
Activities &	2 0	Check th	nis box দ if the organization dis	continued its operations or disposed	of more th	an 25% of its	net as	sets	
ACI	3 1	Number	of voting members of the governing	ng body (Part VI, line 1a)			₃	8	
	1			f the governing body (Part VI, line 1)	· · ·		4	8	
	5 T	Total nu	mber of individuals employed in c	alendar year 2014 (Part V, line 2a)			5	12	
	1			cessary)			6	75	
	1			rt VIII, column (C), line 12			7a	0	
	D IV	vecume	Tated business taxable income inc	om Form 990-1, line 34		· · · · · Prior Year	7b 	Current Year	
	8	Contri	butions and grants (Part VIII, lin	e 1 h)		364,2	62	922,786	
пte	9	Progra	ım service revenue (Part VIII, lin	e 2g)			0	0	
Rayenue	10		tment income (Part VIII, column	·	4,7	04	6,956		
_	11 12			ınes 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lı		0	3,623		
	12		· · · · · · · · · · · · · · · · · · ·			368,9	66	933,365	
	13			X, column (A), lines 1-3)			0	0	
	14 15			(, column (A), line 4) e benefits (Part IX, column (A), lines	—		0	0	
8		5-10)				116,0	084	142,744	
Expenses	16a			column (A), line 11e)	•		0	0	
五	Ь		ndraising expenses (Part IX, column (D),						
	17			nes 11a-11d, 11f-24e)		184,8		713,089	
	18 19			t equal Part IX, column (A), line 25) 8 from line 12	—	300,8		855,833 77,532	
<u>~~</u>		Keven	de less expenses Subtract line 1	o nominie 12		nning of Curre			
Not Assets or Fund Balances						Year		End of Year	
Ass 3 Ba	20					332,9	06	508,328 26,209	
製品	21 22			ine 21 from line 20		332,8		482,119	
	rt II		ature Block		<u> </u>				
Und my k	er pena (nowled	lge and i		mined this return, including accompa plete Declaration of preparer (other					
_		****				2016-04-01			
Sig	n	Signa	ature of officer			Date			
Her	e		A BOLTON PRESIDENT or print name and title						
		[Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN		
Pai	d	<u> </u>	TELANIE BUNKER CPA Firm's name ► CUMMINGS LAMONT & N	MELANIE BUNKER CPA MCNAMEE PA		self-employed Firm's EIN F 01	P00445 -037241		
_		1.							

Firm's address \blacktriangleright ONE NEW HAMPSHIRE AVENUE SUITE 230

PORTSMOUTH, NH 03801

Preparer

Use Only

Phone no (603) 430-6200

✓ Yes No

Form	990 (2	014)			Page :
Par	Ш	Statement of Program Service Check if Schedule O contains a respon	e Accomplishments se or note to any line in this Part III .		
1	Briefl	y describe the organization's mission	se of more to any fine in time i are iii		,
THE A SM TO B IN 20 BASI CHO THE WHO	SEACO ALL GI ECOM DO7 TO C NEC ICES A PORTS LE GRA D, PER	AST FAMILY FOOD PANTRY (SFFP) I ROUP OF WOMEN WHOSE GOAL WAS E A NEARLY \$500,000 ORGANIZATIO BETTER REFLECT THE SERVICES WI ESSITIES BUT TO INSPIRE, ENCOUR ND PREPARE HEALTHY MEALS WE W MOUTH FARMERS' MARKET TO ENSU AINS YEAR ROUND AT SFFP WE STRI	S ONE OF THE OLDEST SOCIAL SERV TO FEED THE FAMILIES OF FISHERM ON ORIGINALLY NAMED THE LADIES E OFFER IN OUR COMMUNITY OUR FOO AGE AND TEACH OUR FAMILIES HOW ORK WITH COMMUNITY PARTNERS IN IRE WE PROVIDE FRESH FRUITS, VEGOVE TO FULFILL THE NEEDS OF LOW-ING SERVIORS	EN IN PORSTMOUTH, NH HUMANE SOCIETY, WE C OCUS IS NOT ONLY TO PI NTO MAKE NUTRITIONAL NCLUDING LOCAL FARME ETABLES, HIGH QUALITY NCOME INDIVIDUALS AN	WE HAVE GROWN HANGED OUR NAME ROVIDE FOOD AND LLY SOUND FOOD ERS, GROCERS AND PROTEINS AND ND FAMILIES WITH
2	the pr	e organization undertake any significant for Form 990 or 990-EZ?		were not listed on	┌ Yes ┌ No
3	Did th		ke significant changes in how it conducts	s, any program · · · · · · ·	┌ Yes ┌ No
4	Descr expen	ibe the organization's program service a	ccomplishments for each of its three lar rganizations are required to report the a		
4a	AS WE IN OU BEEN VILNE WHEN PREPAPAREN THE S THE A COMM OF TH BEFOR THRO SUSTA HOLID CHRIST DROP FOOD ORGA COMM	E FISCAL YEAR 2015 (JULY 1, 2014-JUNE 30, 20 ELL AS SEVERAL DISTINCT PROGRAMS 1) SUMME R REGION, WE RE-DESIGNED OUR SUMMER MEA TREMENDOUS SUCCESS BY ADDING MOBILE OF SCHOOL MEAL PROGRAMS ARE UNAVAILABLE, TACKAGED ITEMS THAT CAN LEAD TO OBESITY AN ITAL SUPERVISION) BY INSTRUCTING THEM ON MAK PROGRAM DELIVERS THE PROGRAM ON SIT GENCY TO ACCESS THE FOOD AND PROGRAM ELIVINITY SUPPORTED AGRICULTURE (CSA) THE SE CSA PROGRAM IS TO ALLOW PARTICIPATING FOR THE SEASON STARTED IN RETURN, PARTICIPATION THE SFEP ORGANIZES SEVER STAMS BAGS OR BASKETS OF HOLIDAY THEMED IDUALS THE SFFP BENEFITS FROM STRONG CONLAR DONATIONS TO THE AGENCY BY INDIVIDUAL TIME EVENT, FILL THE HALL FILL THE HALL WAS PEDE OFF AT THE MUSIC HALL FILLING 1000 SEAT IN ADDITION TO THE SUPPORT DESCRIBED ABONIZED BY BUSINESSES, CIVIC GROUPS AND CHU	783,135 Including grants of \$ 15), THE SFFP SERVED 4,373 HOUSEHOLDS PRO R MEALS FOR KIDS - IN RESPONSE TO THE PART ALS PROGRAM AND LAUNCHED OUR NEW SUMME PITIONS AND WORKING CLOSELY WITH OUR COM- RAM HAS THREE MAJOR OBJECTIVES TO REACH O ENCOURAGE A FOCUS ON MAKING NUTRITIOU D, TO TEACH LONG LASTING SELF-SUFFICIENCY HOW TO COOK HEALTHY MEALS FOR THEMSELVE: E AT SEVERAL LOCATIONS AROUND THE SERVICE EMENTS INFORMATION ON THE PROGRAM CAN FFP PARTNERED WITH WAKE ROBIN FARM TO PL AMILIES A STAKE IN FARM TO TABLE QUALITY FO AMILIES A STAKE IN FARM TO TABLE QUALITY FO COD DOLLARS IN THE LOCAL ECONOMY, AND RE AL HOLIDY ORIENTED FOOD DISTRIBUTED ON SI MUNITY SUPPORT, BOTH MONETARY AND THRO MAND LOCAL BUSINESSES, THE SFFP ORGANIZED A PARTNERSHIP WITH PORTSMOUTH MUSIC HA S FILL THE HALL WAS AN EXTRAORDINARY SUCC VE, THE SFFP IS THE RECIPIENT OF FUNDS THRE RCHES, AND OTHERS ORGANIZED BY THE AGENC LD BE UNABLE TO MEET THE NEEDS OF OUR RESI S AND FUNDERS	TICULAR CHALLENGES FACED BY TREME AND THE STORM AND THE SOLUTION OF THE STORM AND THE STORM AND THE SEVERAL COMMUNITY PARTNERS, WE ARE REASTHOSE CHILDREN WHO FACE HUSEN CHILDREN (ESPECIALLY SOLUTION OF THE NEED FROM A COMMUNITY BASED FOR AN ACTIVE ROLE IN PRESENCIORS AND A COMMUNITY BASED FOR AND THE AGENCY THESE PROGIUMN OF THE LOWER AND THE AGENCY THESE PROGIUMN OF THE AGENCY THE AGENCY THE AGENCY THESE PROGIUMN OF THE AGENCY THESE PROGIUMN OF THE AGENCY	THE CHILDREN AND YOUTH M IN FISCAL 2015 IT HAS ACHING THE MOST JINGER DURING TIMES JAY FROM UNHEALTHY, Y THOSE THAT LACK RECIPES/INGREDIENTS OR TRANSPORTATION TO ALS4KIDS ORG 2) O FAMILIES THE PREMISE THE FARM'S HARVEST WEEKLY BASIS RVING THE JSED TO SHIP FOOD 3) THANKSGIVING AND RAMS SERVED 700 TONS IN ADDITION TO DD DRIVES, INCLUDING TH D DONATIONS TO BE AN FIVE TONS OF DONATEI RAISING EVENTS, SOME HONORED TO SERVE THE
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		r program services (Describe in Schedu enses \$ includ	•	Revenue \$)

Total program service expenses ►

783,135

Part TV	Check	dist of	Required	Schedules

			Yes	No
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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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		Νo
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? <i>If "Yes," complete Schedule C, Part II</i>	4		Νo
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		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Yes	
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		N o
C	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		No
d	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{*}	11e		No
f	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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		No
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No
U	complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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, Part VI	37		No
38	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	38	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	 Yes	. No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		1 62	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		105	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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	6a		No
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	Ju		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	e L		
7	were not tax deductible?	6b		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
u	services provided to the payor?	, a	1 63	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	file Form 8282?	,,,		111 0
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		
£	contract?	7e		
ľ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
y	required?	7g		
h	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities Folia (12) armanizations Enter			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
-	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O 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 13b			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Section A. Coverning Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a resi	nonce or note t	o any li	ing in this D	art VI						V
Check ii Schedule O	Contains a resi	י שנווטע שבווטע	o ally II	1116 III (1115 F	aitvi						., .

	ection A. Governing body and Management					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not a	requi	ired by the Internal F	Reveni	ue Cod	e.)
						/
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		
	Did the organization have local chapters, branches, or affiliates?	tıvıtıe	s of such chapters,			No
b	If "Yes," did the organization have written policies and procedures governing the act	tıvıtıe on's e	s of such chapters, xempt purposes?	10a 10b		No
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it	tıvıtıe on's e s gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov • •	s of such chapters, xempt purposes? erning body before filing 	10a 10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members.	tivitie on's e s gov • • Form 9	s of such chapters, xempt purposes? erning body before filing 990	10a 10b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov Form S ly inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov Form S ly inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov Form S ly inte	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov Form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing or services that could give or services. The could give or services of approval by beration and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing erning body before filing erests that could give erests that could give endicy? If "Yes," describe end approval by beration and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing erning body before filing erests that could give erests that could give endicy? If "Yes," describe end approval by beration and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing erning body before filing erests that could give erests that could give endicy? If "Yes," describe end approval by beration and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD or the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	tivitie on's e s gov form 9 ily inte the p ilew arise deli	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form 9 ly inte the p lew arise deli	s of such chapters, exempt purposes? erning body before filing or erning body before filing or exempt that could give or exempt that could give or exempt and approval by beration and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	tivitie on's e s gov form 9 ly inte the p lew arise deli	s of such chapters, exempt purposes? erning body before filing or serests that could give or serests that give or serests that could give or serests that	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - 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 interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►PAIGE FARMER

<u>Part VIII</u> 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ELISA BOLTON PRESIDENT	4 00	х						0	0	0
(2) TIM WINTERS VICE PRESIDENT	4 00	х						0	0	0
(3) VALERIE BEREZIN TREASURER	1 00	х						0	0	0
(4) MARGARET HONDA SECRETARY	1 00	Х						0	0	0
(5) CHRIS KOZAK MEMBER	1 00	Х						0	0	0
(6) KRISTIN KERN MEMBER	1 00	Х						0	0	0
(7) RICK WALLIS	1 00	х						0	0	0
(8) SCOTT MCKEE MEMBER	1 00	Х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	۲			
d	Total (add lines 1b and 1c)	۳	0	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such				
	ındıvıdual	4		Νo	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for				
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)			
Name and business address	Description of services	Compensation			
The large transfer of the day and and the state of the st					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	444	Statement of Check of Schedo	of Revenue ule O contains a respo	nse or note to any lı	ne ın thıs Part VIII		<u></u>	<u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts its	1a	Federated cam						
s, Grants Amounts	Ь	Membership du	es 1b					
, G Am	С	Fundraising eve	ents 1 0					
iifts Iaru	d	Related organiz	zations 1d					
ons, Gifte Similar	е	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	922,786				
tib O∰	g	Noncash contribute 1a-1f \$	ons included in lines	616,698				
Con' and	h	Total. Add lines	s 1a-1f		922,786			
				Business Code				
enu (2a							
Program Service Revenue	b							
Ce l	С							
Уerи	d							
E .	e	-						
ୁଆରେ	f	All other progra	am service revenue					
Ğ	g	Total. Add lines	s 2a – 2f					
	3		ome (including dividen		5,466			5,4
	4		ar amounts) stment of tax-exempt bond		,			<u> </u>
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other	63,880					
	_	than inventory						
	b	Less cost or other basis and	62,390					
	С	sales expenses Gaın or (loss)	1,490					
	d	Net gaın or (los	ss)		1,490			1,4
are	8a	Gross income f events (not inc						
Other Revenue		\$of contributions See Part IV, lir	s reported on line 1c)					
r.		See Fare IV, III	a	4,578				
the	ь	Less direct ex	penses b	3,598				
0	С		(loss) from fundraising	events 🛌	980			Ğ
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	owances .					
	h		a .					
	b c		oods sold . . b (loss) from sales of inv	entory L				
	_	Miscellaneous		Business Code				
	11a	OTHER INCOM	1E	900099	2,643	2,643		
	ь							
	С							<u></u>
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	•	2,643			
	12	Total revenue.	See Instructions .	🕨	933,365	2,643		7,9
	·				,- 30	_,5		

Form 990 (2014) Part IX Statement of Functional Expenses

Part 1X Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX	-

	Check it Schedule O contains a response or note to any line in this i	allin	<u> </u>	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, , 9b, 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				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	Other salaries and wages	132,908	99,658	33,250	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,836	7,377	2,459	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	6,300		6,300	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,025	1,575	2,450	18,000
12	Advertising and promotion	149	149		
13	Office expenses	2,232	1,116	1,116	
14	Information technology				
15	Royalties				
16	Occupancy	12,391	9,293	3,098	
17	Travel	519		519	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	391	274	117	
23	Insurance	1,760	1,022	738	
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	IN-KIND EXPENSES	571,475	571,475		
b	GENERAL PANTRY SUPPLIES	55,431	55,431		
c	PROGRAM FOOD AND SUPPLI	17,734	17,734		
d	PICKUP / DISTRIBUTION	7,499	7,499		
e	All other expenses	15,183	10,532	4,651	
25	Total functional expenses. Add lines 1 through 24e	855,833	<u>'</u>	54,698	18,000
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)		,-3		-,,

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X	(A)		· · · 「
				Beginning of year		End of year
	1	Cash-non-interest-bearing		135,633	1	66,788
	2	Savings and temporary cash investments		196,318	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part	ectors, trustees, key II of			
		Schedule L			5	
its	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	64,109
	9	Prepaid expenses and deferred charges			9	18,147
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 38,072			10,147
	ь	Less accumulated depreciation	10b 37,462	4	10c	610
	11	Investments—publicly traded securities		1,001	11	285,759
	12				12	200,139
		Investments—other securities See Part IV, line 11				
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	70.045
	15	Other assets See Part IV, line 11		0	15	72,915
	16	Total assets. Add lines 1 through 15 (must equal line 34)		332,952		508,328
	17	Accounts payable and accrued expenses		106	17	4,266
	18	Grants payable			18	
	19	Deferred revenue			19	21,943
	20	Tax-exempt bond liabilities			20	
\mathcal{L}	21	Escrow or custodial account liability Complete Part IV of Sched			21	
Liabilitie	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie				
<u> </u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part			25	
	26	Total liabilities. Add lines 17 through 25		106	26	26,209
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓		100	20	20,200
φ		lines 27 through 29, and lines 33 and 34.	and Complete			
을	27	Unrestricted net assets		332,846	27	409,204
<u>면</u>	28	Temporarily restricted net assets		,	28	,
.	29	Permanently restricted net assets			29	72,915
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here	e ► ┌ and			,
ō		complete lines 30 through 34.				
£	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fur	ıds		32	
¥	33	Total net assets or fund balances		332,846	33	482,119
_	34	Total liabilities and net assets/fund balances		332.952	34	508.328

Form	990	(2014)
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Page 12	
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Pai	rt XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		9	33,365
2	Total	expenses (must equal Part IX, column (A), line 25)	2		8	355,833
3	Revei	nue less expenses Subtract line 2 from line 1	3			77,532
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	332,846
5	Net u	nrealized gains (losses) on investments	5			-985
6	Dona	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	O the	changes in net assets or fund balances (explain in Schedule O)	9			72,726
10	Net a colum		482,119			
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. Г
					Yes	No
1	Ifthe	organization changed its method of accounting from a prior year or checked "Other," explain in dule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
		s,' check a box below to indicate whether the financial statements for the year were compiled or review arate basis, consolidated basis, or both	wed on			
	√ s	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		No
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	rate			
	Γs	eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
		organization changed either its oversight process or selection process during the tax year, explain in Jule O	1			
За		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493109007456

Employer identification number

OMB No 1545-0047

SCHEDULE A Public Ch

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Total

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.

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

2014

Open to Public Inspection

SEACOAST FAMILY FOOD PANTRY 02-0226943 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 11, 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) 3 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 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf 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						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts 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	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	383,870	405,335	446,705	364,262		922,786	2,522,958
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							
3	purpose Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its							
5	behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	383,870	405,335	446,705	364,262		922,786	2,522,958
	A mounts included on lines 1, 2, and 3 received from disqualified		·		·			0
b	persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
	amount on line 13 for the year							
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)							2,522,958
Se	ection B. Total Support		l	I				
	ndar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	114	(f) Total
9	in) ► A mounts from line 6	383,870	405,335	446,705	364,262		922,786	2,522,958
9 10a	Gross income from interest,	303,070	403,333	440,703	304,202		322,700	2,322,330
IOa	dividends, payments received on securities loans, rents, royalties and income from similar sources	9,206	6,154	552	4,704		6,956	27,572
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	9,206	6,154	552	4,704		6,956	27,572
11 12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part VI)						2,643	2,643
13	Total support. (Add lines 9, 10c, 11, and 12)	393,076	411,489	447,257	368,966		932,385	2,553,173
14	First five years. If the Form 990 is check this box and stop here	for the organizatio	n s first, second,	tnira, fourth, or fi	πη tax year as a	section	201(c)(3) organization,
Se	ection C. Computation of Pub	lic Support Pe	rcentage					<u> </u>
15	Public support percentage for 2014			L3, column (f))		15		98 820 %
16	Public support percentage from 201	3 Schedule A, Pa	rt III, line 15			16		98 860 %
		octmont Incor	ne Dercentad	e		•		
Se	ction D. Computation of Inv	<u>estment inc</u> or	ne rercentag					
Se 17	Investment income percentage for				n (f))	17		1 080 %
		2014 (line 10c, co	lumn (f) dıvıded b	y line 13, columr	n (f))	17 18		1 080 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection 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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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		
c	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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		
c	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 $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

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

Pa	rt IV Supporting Organizations (continued)			
S	ection 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, 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		
S	ection 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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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.	3		
S	ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	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)	1		
а	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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accomplish exempt purposes							
2 Amounts paid to perform activity that directly furthexcess of income from activity							
3 Administrative expenses paid to accomplish exemp							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	JCTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
a From 2009							
b From 2010							
c From 2011							
d From 2012							
e From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
A pplied to underdistributions of prior years							
b Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 3j and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

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).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493109007456

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization **Employer identification number** SEACOAST FAMILY FOOD PANTRY 02-0226943 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h

_	, otal advange restricted by compensation described				
С	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ed by th	e organization (during	
	the tax year -				
4	Number of states where property subject to conservation easement is located 🛌				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har enforcement of the conservation easements it holds?	dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments d	uring the year		
	▶				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during	the year		
	▶- \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section $170(h)(4)(B)(II)$?	ction 17	0(h)(4)(B)(ı)	┌ Yes	┌ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements	•	•		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- - Revenue included in Form 990, Part VIII, line 1
 - Assets included in Form 990, Part X

Par	t Organizations Maintaining Co	llections of Art	, His	tori	cal Tr	easur	es, or Ot	<u>her</u>	Similar Ass	ets	(contir	nued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of t	he follo	wing that ar	e a s	significant use o	of its		
а	Public exhibition		d	Γ	Loan	or exch	ange progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	r the or	ganızatıon's	sexe	mpt purpose in			
5	During the year, did the organization solicit o										_	
Dat	assets to be sold to raise funds rather than t								<u>'</u>	Yes	- 1	No
FGI	Part IV, line 9, or reported an am						answereu	16	יא נט רטווון אי	,0,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forc	ontribu	tions or	r other asse	ts no		Yes	Г	No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		_					
							_	4	Amo	ount		
С	Beginning balance						<u> </u>	lc				
d	Additions during the year						<u> </u>	Ld				
e	Distributions during the year						<u> </u>	le				
f	Ending balance						_ 1	Lf				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21,	for e	scrow o	rcusto	dıal accoun	t liab	oility? [Yes		No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has l	been pr	ovided in Pa	art X	III		Г	
Pa	rt V Endowment Funds. Complete											
1.	Beginning of year balance	(a)Current year 74,229	(b)Prior	year	b (c) Tw	o years back	(d)⊤	hree years back (e) Fou	r years	back
1a b	Contributions	71,223										
C	Net investment earnings, gains, and losses											
	Net livestifient earlings, gams, and losses	1,744										
d	Grants or scholarships											
e	Other expenditures for facilities and programs	3,058										
f	Administrative expenses	72.045			74 220							
g	End of year balance	72,915			74,229							
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, columi	n (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are held	l and ad	lmınıstered	for t	he		1	
	organization by (i) unrelated organizations								3a(i)	Ye	s N	_
	(ii) related organizations			• •				•	3a(ii	_	T N	
b	If "Yes" to 3a(II), are the related organization			Sched	ule R?	٠			3b		<u> </u>	
4	Describe in Part XIII the intended uses of th	e organızatıon's en	dowm	ent f	unds					•	•	
Pai	rt VI Land, Buildings, and Equipme		the o	rgar	ıızatıon	answ	ered 'Yes'	to F	orm 990, Par	t IV,	line	
	11a. See Form 990, Part X, line 1 Description of property	10.			a) Cost o		(b)Cost or o		(c) Accumulated depreciation	(d) Book	value
1-	Land			+						+		
	Land		•	\vdash				-		+		
	Buildings		•	\vdash						+		
	·		•	\vdash			20	,072	27.4	62		610
	Equipment			\vdash			38	,072	37,4	02		610
	II. Add lines 1a through 1e (Column (d) must e			ımn /	B), line	10(c))				+		610
			.,			(-/-/		- •	Schedule D	(Form	1 9901	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	lue
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			Deal TV less 44 -
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	omplete if the organizati	on answered 'Yes' to Form 990,	Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market va	ilue
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	 	00 P + TV + 11 + C - F 000	B1-V 1 1-E
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 9		
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		, Part X, line 15 3ook value 72,915
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organization (a) Description	n answered 'Yes' to Form 99 uption		Book value
Part IX Other Assets. Complete if the organizatio (a) Descr (1) BENEFICIAL INTEREST IN FAMILY SERVICE ASSO	n answered 'Yes' to Form 9'		Book value
Part IX Other Assets. Complete if the organizatio (a) Descr (1) BENEFICIAL INTEREST IN FAMILY SERVICE ASSO Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 9' ription CIATION FUND	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description (b) Part X, col.(B) line 2 Form 990, Part X, line 25.	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 9' ription CIATION FUND	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description (b) must equal Form 990, Part X, the col.(b) line 1 Part X Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, line 25.	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	n answered 'Yes' to Form 99 Iption CIATION FUND 5.) anization answered 'Yes'	(b) E	72,915 72,915

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13		r age 3			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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DLN: 93493109007456

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Inspection

	e of the organization OAST FAMILY FOOD PANTRY				Empl	oyer identificat	ion nu	mber	
LAC	O. D. TARLET TOOD TARTET				02-0	226943			
Pa	rt I Types of Property				<u> </u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	1	(d Method of do noncash contrib	- etermı	_	ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
	Securities—Miscellaneous				_				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
	Real estate—Commercial								
17	Real estate—O ther								
	Collectibles								
	Food inventory	Х	347	616,698	FMV	AT DATE OF D	OONA.	TION	
	Drugs and medical supplies .				_				
	Taxidermy				1				
	Historical artifacts				+				
	Scientific specimens								
	Archeological artifacts				+				
	Other ▶ ()				-				
	Other ►()				+				
	Other ► ()				+				
	Other ► ()				<u> </u>				
29	Number of Forms 8283 received for which the organization comple				29				
30-	During the year, did the organize	ation receiv	a by contribution any prope	arty reported in Dart I. linos	1 +h	rough 28 that		Yes	No
JUa									
	it must hold for at least three ye				irea to) be used			
	for exempt purposes for the enti				•		30a		No
	If "Yes," describe the arrangem								
31 222	Does the organization have a gif						31		No
∍∠ā	Does the organization hire or us contributions?		=			1511	32a		No
b	If "Yes," describe in Part II								
33	If the organization did not report	an amount	: in column (c) for a type of	property for which column	(a) ıs	checked,			

describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493109007456

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
SEACOAST FAMILY FOOD PANTRY

02-0226943

990 Schedule O, Supplemental Information

Return Reference	Explanation				
FORM 990, PART VI, SECTION B, LINE 11	THE ENTIRE BOARD REVIEWS THE RETURN BEFORE BEING FILED				
FORM 990, PART VI, SECTION B, LINE 12C	AS PER THE CONFLICT OF INTEREST POLICY, ANY POTENTIAL CONFLICTS ARE PRESENTED TO THE BOARD FOR DISCUSSION AND APPROVAL SHOULD A RELATIONSHIP BE ENTERED INTO FOLLOWING A CONFLICT O F INTEREST DISCLOSURE, THE BOARD CONTINUES TO MONITOR THE RELATIONSHIP TO INSURE IT PROGRE SSES WITHIN ANY GUIDELINES ESTABLISHED				
FORM 990, PART VI, SECTION B, LINE 15	THE ENTIRE BOARD DETERMINES COMPENSATION OF EXECUTIVE DIRECTOR THE BOARD AND THE EXECUTIV E DIRECTOR REFERENCE COMPARABILITY DATA PROVIDED BY THE NH CENTER FOR NONPROFITS WHEN DETE RMINING SALARIES FOR STAFF				
FORM 990, PART VI, SECTION C, LINE 18	COPIES OF FORM 990 ARE AVAILABLE UPON REQUEST				
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST				
FORM 990 PART VIII, LINE 1G	INKIND DONATIONS OF FOOD INVENTORY - THE NEW HAMPSHIRE FOOD BANK (NHFB) PROVIDES A "PRICE PER POUND" VALUE THAT IS USED THROUGHOUT THE STATE. THE SFFP ESTIMATES THE VALUE OF IN-KIN D DONATIONS BASED ON AN AVERAGE OF THE VARIOUS VALUES PROVIDED BY THE NHFB TO CALCULATE OU R "PRICE PER POUND" FOR FISCAL YEAR ENDING JUNE 30, 2015, SFFP USED \$3 10 AS OUR PRICE PE R POUND				
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF TRUST -426 PRIOR PERIOD ADJUSTMENT 73,152				
FORM 990 PART I LINE 1	OF EACH INDIVIDUAL				
FORM 990 PART III LINE 1	OF EACH INDIVIDUAL				