

Short Form Return of Organization Exempt From Income Tax

2016

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____ and ending _____							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Split-dollar ending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">C Name of organization EAT FOR EQUITY, INC.</td> <td style="width: 35%;">D Employer identification number 27-3386905</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 31660 COUNTY 12</td> <td>E Telephone number 617-780-9824</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code LANESBORO, MN 55949</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization EAT FOR EQUITY, INC.	D Employer identification number 27-3386905	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 31660 COUNTY 12	E Telephone number 617-780-9824	City or town, state or province, country, and ZIP or foreign postal code LANESBORO, MN 55949	F Group Exemption Number ▶
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City or town, state or province, country, and ZIP or foreign postal code LANESBORO, MN 55949	F Group Exemption Number ▶						
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-TF).						
I Website: ▶ EATFOREQUITY.ORG							
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)1 <input type="checkbox"/> 501(c)29 (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____							
L Add lines 5b, 5c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part 8, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 42,185.							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	35,095.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a		
	5b Less: cost or other basis and sales expenses	5b		
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c Less: direct expenses from gaming and fundraising events	6c			
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
7b Less: cost of goods sold	7b			
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	SEE SCHEDULE O	8	7,090.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	42,185.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	4,297.	
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	10,782.	
	13 Professional fees and other payments to independent contractors	13	3,000.	
	14 Occupancy, rent, utilities, and maintenance	14	3,943.	
	15 Printing, publications, postage, and shipping	15	956.	
	16 Other expenses (describe in Schedule O)	SEE SCHEDULE O	16	19,542.
	17 Total expenses. Add lines 10 through 16		17	42,520.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-335.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,718.	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.	
	21 Net assets or fund balances at end of year. Combine lines 19 through 20		21	2,718.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,550.	16,840.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,215.	0.
25 Total assets	4,765.	16,840.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2,047.	14,457.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,718.	2,383.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner. Describe the services provided, the number of persons benefited, and other relevant information for each program line.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
Grants \$ 4,067. If this amount includes foreign grants, check here <input type="checkbox"/>	28a	32,620.
29		
Grants \$ If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
Grants \$ If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
Grants \$ If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	32,620.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2) (do not include honoraria)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EMILIE HITCH BOARD CO-CHAIR	2.00	0.	0.	0.
PETER THOMPSON BOARD CO-CHAIR	2.00	0.	0.	0.
MATTHEW HAUCK BOARD TREASURER	2.00	0.	0.	0.
ABIGAIL SUGAHARA BOARD MEMBER	2.00	0.	0.	0.
JENNY BRENN BOARD MEMBER	2.00	0.	0.	0.
MARGARET MEYER BOARD MEMBER	2.00	0.	0.	0.
SARAH PRITZKER BOARD MEMBER	2.00	0.	0.	0.
TOM PFANNENSTIEL BOARD MEMBER	2.00	0.	0.	0.
EMILY TORGRIMSON EXECUTIVE DIRECTOR	40.00	10,000.	0.	0.

Part V Other information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	X	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule H		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
a	Inflation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39c	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/>	40a	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	MN	
42a	The organization's books are in care of	MEGAN GENEST TARNOW, MOBIUS Telephone no. 651-208-0498	
	Located at	1768 LAUREL AVE, ST PAUL, MN ZIP + 4 55409	
b	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)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Executive compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- g Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

 Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

EMILY JOHNSON, EXECUTIVE DIRECTOR

Title of officer

Paid Preparer Use Only

Print/Type preparer's name

MARC A. KOTSONAS

Preparer's signature

Date

08/10/17

Check if self-employed P/TN

P00544551

Firm's name ▶ MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.

Firm's EIN ▶ 41-1647057

Firm's address ▶ 10 RIVER PARK PLAZA, SUITE 800
SAINT PAUL, MN 55107

Phone no. (651) 227-6695

May the IRS discuss this return with the preparer shown above? See instructions.

 Yes No

Form 990-EZ (2015)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,106.	14,841.	24,773.	4,341.	6,126.	71,187.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21,106.	14,841.	24,773.	4,341.	6,126.	71,187.
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						71,187.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	21,106.	14,841.	24,773.	4,341.	6,126.	71,187.
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					340.	340.
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						71,527.
12 Gross receipts from related activities, etc. (see instructions)					32	36,260.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.52 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.00 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 6 for the year						
8 Add lines 7a and 7b						
9 Public support. (Sum of lines 6 and 8)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10b Unrelated business taxable income (less section 511 losses) from businesses acquired after June 30, 1975						
11 Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Sum lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 9, column (f) divided by line 13, column (f))	16	16
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	16
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	16

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 19b 33 1/3% support tests - 2015. 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. 20 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting 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.		
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).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
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.		
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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8. Did the organization make a loan to a disqualified person (as defined in section 4952) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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.		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(b) (regarding certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
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		
11a		
11b		
11c		

Section 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.		
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
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 (explain in Part VI.) See instructions. All other Type III 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1. Amounts paid to supported organizations to accomplish exempt purposes	
2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3. Administrative expenses paid to accomplish exempt purposes of supported organizations	
4. Amounts paid to acquire exempt use assets	
5. Qualified set-aside amounts (prior IRS approval required)	
6. Other distributions (describe in Part VI). See instructions	
7. Total annual distributions. Add lines 1 through 6	
8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9. Distributable amount for 2016 from Section C, line 8	
10. Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1. Distributable amount for 2016 from Section C, line 9			
2. Underdistributions, if any, for years prior to 2016 (reasonable cause required; explain in Part VI). See instructions			
3. Excess distributions carryover, if any, to 2016:			
a.			
b.			
c. From 2013			
d. From 2014			
e. From 2015			
f. Total of lines 3a through e			
g. Applied to underdistributions of prior years			
h. Applied to 2016 distributable amount			
i. Carryover from 2011 not applied (see instructions)			
j. Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4. Distributions for 2016 from Section D, line 7:			
a. Applied to underdistributions of prior years			
b. Applied to 2016 distributable amount			
c. Remainder. Subtract lines 4a and 4b from 4			
5. Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6. Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7. Excess distributions carryover to 2017. Add lines 3j and 4c			
8. Breakdown of line 7:			
a.			
b. Excess from 2013			
c. Excess from 2014			
d. Excess from 2015			
e. Excess from 2016			

Part VI

Supplemental information. Provide the explanations required by Part III, line 10; Part III, 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 1a; 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.)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ 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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EAT FOR EQUITY, INC.

Employer identification number
27-3386905

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
NET EVENT CATERING REVENUE	5,840.
TRAILER RENTAL	1,250.
TOTAL TO FORM 990-EZ, LINE 8	7,090.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: CYCLES FOR CHANGE

GRANTEE ADDRESS: 712 UNIVERSITY AVE W ST PAUL, MN 55104

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/01/16

AMOUNT GIVEN: 1,625.

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: HRCUA

GRANTEE ADDRESS: 2233 UNIVERSITY AVE W ST PAUL, MN 55114

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 04/19/16

AMOUNT GIVEN: 437.

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: OPEN YOUR HEART TO THE HUNGRY AND HOMELES

GRANTEE ADDRESS: 314 CLIFTON AVE MINNEAPOLIS, MN 55403

PROPERTY DESCRIPTION: CASH

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

DONOR NO. 1545-2047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

EAT FOR EQUITY, INC.

Employer identification number

27-3386905

DATE OF GIFT: 03/22/16

AMOUNT GIVEN:

616.

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: SIMPSON HOUSING SERVICES

GRANTEE ADDRESS: 2740 1ST AVE S MINNEAPOLIS, MN 55408

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/28/16

AMOUNT GIVEN:

1,139.

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: THE ADVOCATES FOR HUMAN RIGHTS

GRANTEE ADDRESS: 330 2ND AVE S MINNEAPOLIS, MN 55401

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/06/16

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: HEADWATERS FOUNDATION

GRANTEE ADDRESS: 2801 21ST AVENUE SOUTH MINNEAPOLIS, MN 55407

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/28/20

AMOUNT GIVEN:

205.

ACTIVITY CLASSIFICATION: REGRANTS

GRANTEE NAME: POWDERHORN EMPTY BOWLS

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

EAT FOR EQUITY, INC.

Employer identification number
27-3386905

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EAT FOR EQUITY BUILDS A
CULTURE OF GENEROSITY THROUGH SUSTAINABLE COMMUNITY FEASTS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY FEASTS - EAT FOR EQUITY BROUGHT PEOPLE TOGETHER

AT COMMUNITY EVENTS TO SUPPORT A RANGE OF NONPROFIT

CAUSES ADDRESSING INEQUITIES. IN MINNEAPOLIS, GUESTS CAME

TOGETHER AROUND FOOD, CAREGIVING, AND COMMUNITY, RAISING FINANCIAL

SUPPORT AND AWARENESS FOR OTHER NONPROFIT CAUSES.

FORM 990-EZ, PART V LINE 33, ACTIVITIES NOT PREVIOUSLY REPORTED:

CATERING BUSINESS

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning _____ and ending _____

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue ServiceType in PUBLIC reporting for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(a) <input type="checkbox"/> 408A <input type="checkbox"/> 509(a) <input type="checkbox"/> 229(a) <input type="checkbox"/> 530(a)	Part or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EAT FOR EQUITY, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 31660 COUNTY 12 City or town, state or province, country, and ZIP or foreign postal code LANSBORO, MN 55949	D Employer identification number (Employed trust, see instructions.) 27-3386905 E Unrelated business activity codes (See instructions.) 722320
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C Book value of all assets at end of year 16,940.	F Group exemption number (See instructions.)	G Check organization type: <input checked="" type="checkbox"/> 501(c)(3) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

H Describe the organization's primary unrelated business activity. ▶ **EVENT CATERING**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **MEGAN GINEST TARNOW, MOBIUS** Telephone number ▶ **651-208-0498**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 55,032.			
	+ Balance ▶			
b	Less returns and allowances	5a		
		55,032.		
2	Cost of goods sold (Schedule A, line 7)	2		
		48,660.		
3	Gross profit. Subtract line 2 from line 1c	3		6,372.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	6,372.	6,372.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	5,531.
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules) STATEMENT 2 SEE STATEMENT 1		20	0.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion		23a	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28		29	5,531.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	841.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	841.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

Part III Tax Computation

35. Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$0,005,000 taxable income brackets (in that order):			
(1) \$	(2) \$	(3) \$	
b Enter organization's share of: (1) Additional 3% tax (not more than \$11,750)		\$	
(2) Additional 3% tax (not more than \$100,000)		\$	
c Income tax on the amount on line 34		35c	0.
36. Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37. Proxy tax. See instructions		37	
38. Alternative minimum tax		38	
39. Tax on Non-Compliant Facility Income. See instructions		39	
40. Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.

Part IV Tax and Payments

41a. Foreign tax credit (corporations attach Form 1118; trusts attach Form 1119)	41a		
b Other credits (see instructions)	41b		
c General business credit. Attach Form 3800	41c		
d Credit for prior year minimum tax (attach Forms 8801 or 8807)	41d		
e Total credits. Add lines 41a through 41d	41e		
42. Subtract line 41e from line 40	42		0.
43. Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8637 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (specify schedule)	43		
44. Total tax. Add lines 42 and 43	44		0.
45a. Payments: A 2016 overpayment credited to 2016	45a		
b 2016 estimated tax payments	45b		
c Tax deposited with Form 3052	45c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (attach Form 8941)	45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	45g		
46. Total payments. Add lines 45a through 45g	46		
47. Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48. Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0.
49. Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		0.
50. Enter the amount of line 49 you want credited to 2017 estimated tax	50	Refunded	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51. At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
52. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53. Enter the amount of tax-exempt interest received or accrued during the tax year: \$		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC A. KOTSONAS		08/10/17		P00544551
	Firm's name	Firm's EIN		Firm's phone	
	MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.	41-1647057		(651) 227-6695	
Firm's address	10 RIVER PARK PLAZA, SUITE 800 SAINT PAUL, MN 55107				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	24,964.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	48,660.
3	Cost of labor	3	14,488.				
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b	9,208.	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5	48,660.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
4(a) From personal property (if the percentage of net for personal property is more than 50% but not more than 50%)	4(b) From real and personal property (if the percentage of net for personal property exceeds 50% or if the net is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 8, column (A).

(d) Total deductions. Enter here and on page 1, Part I, line 9, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		4(a) Straight line depreciation (attach schedule)	4(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis or other allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income allocable (column 2 x column 6)	8. Allowable deductions (column 3 a total of columns 4(a) and 4(b))
(1)		0.		
(2)		0.		
(3)		0.		
(4)		0.		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends received deductions included in column 4			0.	0.
			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 3
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 8
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals 0. 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. See notes (attach schedule)	5. Total deductions and net losses (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 8, column (A).		Enter here and on page 1, Part I, line 8, column (B).

Totals 0. 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 2 through 3.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 6)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part I, line 10.

Totals 0. 0. 0.

Schedule J - Advertising Income (see instructions)**Part I - Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 2 through 3.	5. Circulation income	6. Postage costs	7. Excess circulation costs (column 5 minus column 6, but not more than column 5)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part III, line (3))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (net of 2 minus col. 3. If a gain, compute cols. 5 through 7.)	5. Circulation income	6. Readership costs	7. Excess readerhip costs (column 6 minus column 5, but not more than column 6)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-4)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) EMILY TORGRIMSON	EXECUTIVE DIRECTOR	50.00%	5,531.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			5,531.

Form 990-T (2016)

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTYMETHOD USED TO DETERMINE FMVAMOUNT

TRAILER

ORIGINAL PURCHASE PRICE

2,215.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

2,215.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

2,215

TOTAL CONTRIBUTIONS AVAILABLE

2,215

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

2,215

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

2,215

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 3

DESCRIPTION

AMOUNT

KITCHEN AND FACILITY RENT

4,464.

MISC

1,275.

DONATION RELATED TO ADDITIONAL FEE CHARGED FOR CATERING

3,469.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

9,208.