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 foundations)

OMB No. 1545-0047

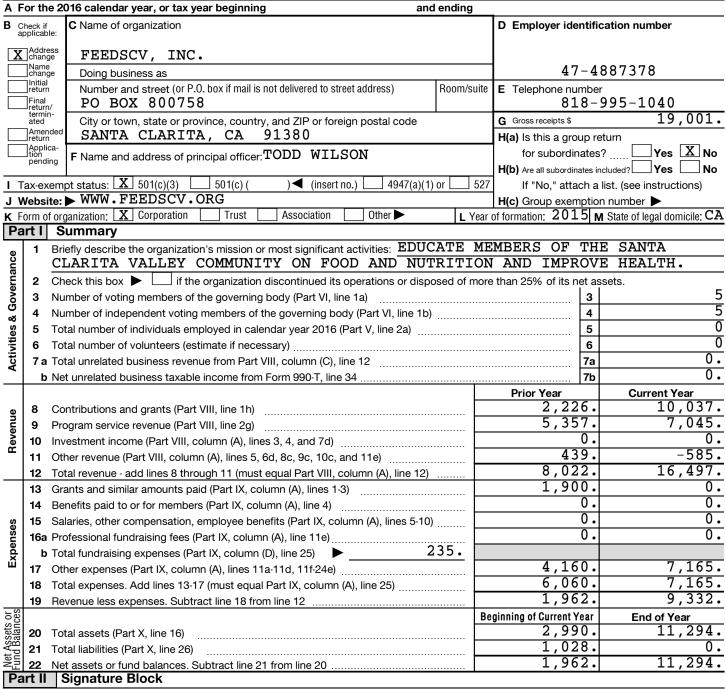
Open to Public

Inspection

b

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.



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	Signature of officer			Date				
Here	TODD WILSON, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	SCOTT R. ERVIN		5/10/17	if self-employed	₽00156431			
Preparer	Firm's name <b>KRYCLER</b> , <b>ERVIN</b> ,	TAUBMAN & KAMINSKY		Firm's EIN 🕨	95-4837901			
Use Only	Firm's address 15303 VENTURA BL	VD. , SUITE # 1040		-				
SHERMAN OAKS, CA 91403-3110 Phone no. (818) 9								
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No			
632001 11-1	11-16 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2016)			
~		AMTON MTGGTON GMAMN		O) TO T ) TT 7 O T	1011			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2016) FEEDSCV, INC. 47-48	87378	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	Briefly describe the organization's mission:		
	EDUCATE MEMBERS OF THE SANTA CLARITA VALLEY COMMUNITY ON FOOD NUTRITION AND IMPROVE HEALTH. SUPPORT OTHER CHARITABLE ORGANI		<u></u>
	IN THE SANTA CLARITA VALLEY IN FEEDING ECONOMICALLY DISADVANT		5
	IN THE SANTA CHARTER VALLET IN FEEDING ECONOMICALLI DISADVANT INDIVIDUALS BY FUNDRAISING, INCREASING AWAREMESS, AND OFFERING		RT.
2	Did the organization undertake any significant program services during the year which were not listed on the	00110	
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, a	and
	revenue, if any, for each program service reported.		<u> </u>
4a	(Code: ) (Expenses \$ 5,788. including grants of \$ ) (Revenue \$		<b>045.</b> )
	GRANTS TO LOCAL FOOD PANTRY AND HIGH SCHOOL ETHNIC CLUB ACTIV	ITIES	
	RELATED TO FOOD.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
10			/
4d	Other program services (Describe in Schedule O.)	N	
4.5	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     5,788.	)	
40	Total program service expenses 5, 788.	Eorm <b>Q</b>	90 (2016)

Form 990 (2016) FEEDSCV, INC.
Part IV Checklist 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	х	
2	If "Yes," complete Schedule A	2	- 23	x
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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		x
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	х	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	v
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
IZa	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x

Form **990** (2016)

Form	990	(2016)

 Form 990 (2016)
 FEEDSCV, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	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		X
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		X
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		X
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	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	,	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
2	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?			$\vdash$
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	х	1

Form **990** (2016)

Form	990 (2016) FEEDSCV, INC.	47-4887	378	Р	age <b>5</b>					
Pa										
	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 C	)							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	)							
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?		1c							
2a	a 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 2a 2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			x					
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	90	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		X					
b	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).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X					
	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									
			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year		_							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the								
_			8							
9	Sponsoring organizations maintaining donor advised funds.									
a			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:									
a	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	10b	-							
11	Section 501(c)(12) organizations. Enter:	11								
a	Gross income from members or shareholders	11a	-							
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	12a							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b	-							
	Enter the amount of reserves on hand	13c			v					
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b							

Form <b>990</b> (	2016)
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Form	990 (2016) <b>FEEDSCV</b> , <b>INC</b> .		47-488	7378	Р	age <b>6</b>			
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ii	nstructions.						
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5	100	110			
14	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	ļ	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-					
2				2		x			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the								
3				3		x			
4	of officers, directors, or trustees, or key employees to a management company or other person?			4		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X			
6	Did the organization have members or stockholders?			6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		x			
	more members of the governing body?			7a		<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v			
_	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v				
а	The governing body?			8a	<u>X</u>				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		x			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	re filing the form?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v				
12a				12a	X X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Δ				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				v				
	in Schedule O how this was done			12c	X X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v				
	The organization's CEO, Executive Director, or top management official			15a	<u>X</u>				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a			37			
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website Upon request Other (explain								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, ar	d finan	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records:						
	SCOTT R ERVIN - 818-995-1040	01	102						
	15303 VENTURA BLVD., SUITE 1040, SHERMAN OAKS, CA	ЪТ	403						

FEEDSCV, INC.

47 - 4887378

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

Check if Schedule O contains a response or note to any line in this Part VII

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 is former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	box offic	box, unless person is both officer and a director/trust				h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TODD WILSON	10.00								0	0
PRESIDENT	10.00	X		X				0.	0.	0.
(2) SCOTT ERVIN	10.00	x		x				0.	0.	0.
SECRETARY/TREASURER (3) LYZETTH RIOS-ENRIQUEZ	1.00	<u>^</u>		<u> </u>				0.	0.	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) MICHAEL DEVLIN	0.50	<u>^</u>		1					0.	
DIRECTOR		x						0.	0.	0.
(5) JOHN FORTMAN	0.50									
DIRECTOR		x						0.	0.	0.
		-								

	n 990 (2016) <b>FEEDSCV</b> ,									47-488	373	78	Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F</b> Estim amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		comper from organiz and re organiz	the zation elated
											+		
	Sub-total								0.		).		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		).		0.
2	Total number of individuals (including but no compensation from the organization							no r	received more than \$100	,000 of reportable			0
												Ye	
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-				•			highest compensated e			3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4	X
5	Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			4	
Sec	rendered to the organization? If "Yes," comp ction B. Independent Contractors	olete Schedul	e J f	or sı	uch	pers	son .					5	X
1	Complete this table for your five highest cor	-	-								ensat	tion fron	n
	the organization. Report compensation for t (A) Name and business			ONE		VILLI			(B) Description of s		Со	<b>(C)</b> mpensa	ition
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	e e	ot li	mite	d to		se lis )	stec	d above) who received n	nore than			

			SCV, INC.				47-488	7378 Page <b>9</b>
Pa	rt VI							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	( <b>D)</b> Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra		Membership dues						
ts,		Fundraising events		2,507.				
ilar İlar		Related organizations						
Sir		Government grants (contribut						
utio	f	All other contributions, gifts, gran		7 5 3 0				
Qt Dt		similar amounts not included abo		7,530. 3,300.				
.uo	-	Noncash contributions included in lines			10,037.			
0.6	n	Total. Add lines 1a-1f		Business Code	10,057.			
ø	2 a	COMMUNITY CLASS	SES & EV	611600	7,045.	7,045.		
vic	2 a b			011000	,,,,,,,,,	,,,,,,,,,		
Ser	c							
Program Service Revenue	d							
ogr	е							
P	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			7,045.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		r i i i i i i i i i i i i i i i i i i i				
	4	Income from investment of ta		· · ·				
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		<ul> <li>Net rental income or (loss)</li> <li>Gross amount from sales of</li> </ul>						
	/ a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
e		Gross income from fundraisin						
Other Revenue		including \$ 2,5	507. of					
Sev		contributions reported on line	1c). See					
erF		Part IV, line 18						
oth		Less: direct expenses		<u> </u>	505			FOF
-		Net income or (loss) from fund	-	····· ►	-585.			-585.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		<ul> <li>Net income or (loss) from gam</li> <li>Gross sales of inventory, less</li> </ul>						
	10 a	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b	)						
	С							
	d							
		Total. Add lines 11a-11d			16 107	7 0/6	^	EOE
	12	Total revenue. See instructions.		🕨	16,497.	7,045.	0	-585.

 Form 990 (2016)
 FEEDSCV, INC.

 Part IX
 Statement of Functional Expenses

 FEEDSCV, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
b					
c	•				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	53.		53.	
13	Office expenses	184.		184.	
14	Information technology	-			
15	Royalties				
16	Occupancy	248.	248.		
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	391.	176.	159.	56.
20	· · · · · · · · · · · · · · · · · · ·				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	335.	335.		
23	Insurance	1,080.	978.		102.
23 24	Other expenses. Itemize expenses not covered	_,	2.30		
- 1	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 0.)				
а		3,872.	3,699.	173.	
b	BANK CHARGES	567.	260.	230.	77.
c	COMPUTER AND INTERNET	435.	92.	343.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,165.	5,788.	1,142.	235.
26	<b>Joint costs.</b> Complete this line only if the organization	.,		_,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
					Eorm <b>990</b> (2016)

47-4887378 <sub>F</sub>	-age <b>11</b>
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FEEDSCV, INC.

	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	(A)		
		Beginning of year		End of year
1	Cash - non-interest-bearing	835.	1	2,801
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	710
9	Prepaid expenses and deferred charges		9	, 20
-	Land, buildings, and equipment: cost or other		9	
102				
		· 1,725.	40-	6,388
				0,500
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	100	13	120
14	Intangible assets		14	430
15	Other assets. See Part IV, line 11		15	965
16	Total assets. Add lines 1 through 15 (must equal line 34)	1	16	11,294
17	Accounts payable and accrued expenses		17	(
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified 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 related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,028.	26	(
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
27 28 29 30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	(
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	1 0 0 0	32	11,294
33	Total net assets or fund balances	1.0.00	33	11,294
33	Total liabilities and net assets/fund balances		33	11,294
1 34	า งเลา แลมแนเธง ลาน พระ ลงงรเง/ เนาน มลเล่ เปรง		34	Form <b>990</b> (20

Part X Balance Sheet

	990 (2016) FEEDSCV, INC.	47-48	87378	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					. –
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	<u>5,4</u>	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2			65.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,3	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	62.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1:	1,2	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			_	~~~	

Form **990** (2016)

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(Form 99	) or 99	0-EZ
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# 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.

OMB No. 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

	Attach to	Form 990 or Fo	rm 990-EZ.	
Informati	on about Schedule A (Form 990	or 990-EZ) and its	s instructions is at W	ww.irs.gov/form990.

Name of the organization Employer identification numb FEEDSCV, INC. 47-4887378									
Do	rt I	Reason for Public (		All arganizations must as	malata th	ia nort ) Ca	o instruction		/-400/3/0
								5.	
	organ	ization is not a private found		<b>.</b> .		,	\/ <b>A</b> \/:\		
1	$\square$	A church, convention of ch					)(A)(I).		
2	$\square$	A school described in secti					••		
3	$\square$	A hospital or a cooperative					•		44 - 1
4		A medical research organiz	ation operated in co	njunction with a nospital	described	a in sectio	A)(1)(d)U11 A	)(III). Enter	the hospital's name,
-		city, and state:						unit des suit	a al lia
5		An organization operated for		liege or university owned	a or opera	ted by a go	overnmental (	unit descrit	bed in
~		section 170(b)(1)(A)(iv). (C		e e set el com trade e e sutte e el trad			( . )		
6 7	X	A federal, state, or local gov							nu de lie de envile e dine
'	- 21	An organization that norma		initial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in
0		section 170(b)(1)(A)(vi). (Co		(1)(A)(ui) (Complete Ded					
8 9	H	A community trust describe				ad in aaniu	notion with a	land grant	aallaga
9		An agricultural research org or university or a non-land-g							
		university:	grant college of agric			name, city	, and state o	r the colleg	6 01
10		An organization that norma	lly rocoivos: (1) more	than 22 1/20/ of its sun	port from	contributio	one mombor	ship foos a	nd gross receipts from
10		activities related to its exer							
		income and unrelated busir							-
		See section 509(a)(2). (Cor				sses acqu		gamzation	
11		An organization organized a	,	ively to test for public sa	fety See	section 50	9(a)(4)		
12	$\square$	An organization organized a		•	•			arry out the	purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga				-		-	aivina
		the supported organization		-	•				
		organization. You must c			, ,				11 5
b		<b>Type II.</b> A supporting orga	-		tion with it	s supporte	ed organizatio	on(s), by ha	ving
		control or management o	-				•		-
		organization(s). You mus			•				
с		Type III functionally inte			in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated supporti	ing organi	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		<b>U</b>		ningtion listed			
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)
Tata									

### Schedule A (Form 990 or 990 EZ) 2016 FEEDSCV, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				2,834.	10,037.	12,871.
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3				2,834.	10,037.	12,871.
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.						12,871.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015 2,834.	(e)2016 10,037.	(f) Total 12,871.
7	Amounts from line 4				2,834.	10,037.	12,871.
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						12,871.
12		, etc. (see instructi	ons)	•	•	12	
13	First five years. If the Form 990 is fo	r the organization'				n 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (	line 6, column (f) d	livided by line 11,	column (f))			100.00 %
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	100.00 %
<b>16</b> a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatio	า			► X
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2015. If the orc	anization did not	check a box on lin	ne 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	d <b>stop here.</b> Explair	in Part VI how the	_
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported orga	anization	
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2016

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# Part II

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

47-4887378 Page 3

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				ļ		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the exception is related to the						
~	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				-		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		1	1		1	
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) orga	nization,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public						
	Public support percentage for 2016 (lin			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Invest					ı - ı	
	Investment income percentage for 201					17	%
	Investment income percentage from 20					18	%
<b>1</b> 9a	<b>33 1/3% support tests - 2016.</b> If the c	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	<b>33 1/3% support tests - 2015.</b> If the c	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	ó, and
	line 18 is not more than 33 1/3%, chec			•		•	
20	Private foundation. If the organization	did not check a	1 box on line 14, 19	9a, or 19b, check t			
63202	23 09-21-16				Sch	edule A (Form 9	90 or 990-EZ) 2016

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 4958) 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(f) (regarding certain Type II supporting organizations, and all Type III 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
9a		
9b		
9c		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations			
000	tion b. Type Toupporting Organizations		Yes	No
	Did the directory tructory or membership of one or more supported exeminations have the neuror to		Tes	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 <b>Part VI</b> 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		
Sec	tion 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations		Vee	Na
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		ructions		
c 2	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			Ne
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in <b>Part VI</b>.</i>	3a		
h	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 FEEDSCV, INC.

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	2       3         3       4         5       5         6       7         7       8         7       8         10       7         110       1         110       1         12       3         3       1         4       5         5       6         7       8         10       7         3       1         4       1         5       6         7       8         1       1         2       3         4       5         5       6         7       8         1       2         3       4         5       5         6       1         5       6         6       1         5       6         6       1         5       6         6       1         5       6	1

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

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS				
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	he organization is responsive	9				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
300			FIE-2010				
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able 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: \$						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
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:						
<u>a</u>							
	Excess from 2013						
-	Excess from 2014						
	Excess from 2015						
e	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

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,
	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.)

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on 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.



Nam	e of the organization FEEDSCV, INC •		Employer identification number 47-4887378
Pa	· · · · · · · · · · · · · · · · · · ·	d Funds or Other Similar Funds or A	
	organization answered "Yes" on Form 990, Part IV, line		
			(b) Funds and other accounts
1	Total number at end of year		· · ·
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in w	writing that the assets hold in departadyised fu	nde
5	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or		
Pa		anization answered "Yes" on Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		, m o 7.
•	Preservation of land for public use (e.g., recreation or ec		v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ad conservation contribution in the form of a c	opsorvation assomant on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stru		20 2c
c d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
5	year	eased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation e	easements during the year
•	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(	(B)(i)
-	and section 170(h)(4)(B)(ii)?	<b>, , , , , , , , , ,</b>	
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizati	•	
	conservation easements.		· j · · · · · · · · · · · · · · · · · ·
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	/ · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		, <u></u>
а	Bevenue included on Form 990. Part VIII line 1		► \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

\$ 

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(contnued)         3       Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items          a       Public exhibition       d       Loan or exchange programs         b       Scholar/y research       e       Other         c       Preservation for future generations       e       Other         4       Provide a description of the organization solic or receive donations of at, historical treasures, or other similar assets       to be solid to arise tunker attent bate maintained as part of the organization asserted "Yes" on Form 90, Part IV, line 8, or response and anount on Form 90, Part IV, line 8, or response and anount on Form 90, Part IV, line 8, or response and anount on Form 90, Part IV, line 8, or response and anount on Form 90, Part IV, line 8, or response and anount on Form 90, Part X, line 21, for secree or custodial account liability?         2       De the organization include an amount on Form 90, Part X, line 21, for secree or custodial account liability?       Yes       No         4       Hower treasmant and the organization and t		dule D (Form 990) 2016 FEEDSCV						7-48			age <b>2</b>
check all that apply:       a       b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of A</th> <th>rt, Historic</th> <th>al Treasures, o</th> <th>or Othe</th> <th>r Simila</th> <th>r Asse</th> <th><b>ts</b>(contir</th> <th>nued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of A	rt, Historic	al Treasures, o	or Othe	r Simila	r Asse	<b>ts</b> (contir	nued)	
a Public exhibition during the year includes amount on Form 990, Part X, line 21.  a Begrining of year balance includes amount on Form 990, Part X, line 21.  b If Yes, resplain the arrangement in Part XIII and complete if the organization account liability? Yes No b If Yes, resplain the arrangement in Part XIII and complete if the organization account liability?  b If Yes, resplain the arrangement in Part XIII and complete if the organization account liability?  b If Yes, resplain the arrangement in Part XIII and complete if the organization account liability?  b If Yes, resplain the arrangement in Part XIII and complete the tollowing table:  b If Yes, resplain the arrangement in Part XIII and complete if the organization account liability?  b If Yes, resplain the arrangement in Part XIII and complete the tollowing table:  c Begrinning balance  d Additions during the year  b If Yes, resplain the arrangement in Part XIII and complete if the organization and part to the intermediaty for contributions or other assets not included on Form 990, Part X ine 21.  a Board Gaptin the arrangement in Part XIII and complete the following table:  c Begrinning balance  d Additions during the year  b If Yes, resplain the arrangement in Part XIII and complete the following table:  a Board Gaptin the arrangement in Part XIII and complete the following table:  a Board Gaptin the arrangement in Part XIII and complete the following table:  b Contributions during the year  b If Yes, resplain the arrangement in Part XIII and complete the organization and been provided on Part XII  b If Yes, resplain the arrangement in Part XIII and complete the organization and been provided on Part XII  b If Yes, resplain the arrangement in Part XIII (b Part Y) (b Part Y) (b Part Y)  c Board Gapt Additions during the year  c Board Gapt Additions during the year (b) Prior year (c) Itwo years back (d) Three years back (e) Four years back c Gapt Additions during the year (b) Prior year (c) Itwo years back (d) Four years back c Here the aditions and lo	3	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the following tha	t are a sig	gnificant u	se of its	collectio	n item	IS
b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization societ or receive donatons of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 8, or respondent an anount on Form 990, Part X, line 21.         19       Is the organization an agent, funstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       In the organization an agent, funstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       In the organization an agent, funstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount         10       Int Yes; explain the arrangement in Part XIII and complete the following table:       Amount       Int         2a       Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         b       If Yee; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part Y line 10.         Part Y       Endowment Funds. Complete if the explanation has been provided on Part XII       Part Y line 10.         1a       Beginning of year balance       (a) Current year		(check all that apply):									
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, do the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI. Ine 21.         13       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21.         15       Is the organization include an amount on Form 990, Part X, Ine 21. (for secrew or custodial account liability?         16       Ind         17       Endowment FundS. Complete if the organization has been provided on Part XIII         20       In the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?         21       Endowment FundS. Complete if the organization maxweed "Yes" on Form 990, Part X, line 21.         21       Endowment FundS. Complete if the organization maxweed "Yes" on Form 990, Part X, line 21.         22       Both organization include an amount on Form 990, Part X, line 21.         23       Det ne organization include, an amount on Form 990, Part X, line 2	а	Public exhibition	c	I Loan	or exchange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization is collection?     Part W escrow and custodial arrangement is complete the following table:         Amount         tele segments of the organization and explain how they further the organization answered "Yes" on Form 990, Part X, Ine 9, or         reported an amount on Form 990, Part X, Ine 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included         on Form 990, Part X, Ine 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included         on Form 990, Part X, Ine 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included         on Form 990, Part X, Ine 21.         In the organization include an amount on Form 990, Part X, Ine 21.         In the organization include an amount on Form 990, Part X, Ine 21.         The organization include an amount on Form 990, Part X, Ine 21.         The organization include an amount on Form 990, Part X, Ine 21.         The organization include an amount on Form 990, Part X, Ine 21.         The organization include an amount on Form 990, Part X, Ine 21.         Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, Ine 21.         Segment Funds. Complete if the organization answered "Yes" on Form 990, Part X, Ine 21.         Segment Funds.         Contributions         Sections in the proceed as a wount or form 990, Part X, Ine 21.         Sections in the proceed an amount on form 990, Part X, Ine 21.         Sections in the proceed an amount on form 990, Part X, Ine 21.         Sections in the prosecond part part in the asset of a sections in the proceed andime	b	Scholarly research	e	e 🛄 Other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         16       Is the organization angements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         17       Is the organization angement in Part XII and complete the following table:         16       Id         17       Segment in Part XII and complete the following table:         18       Anditions during the year         19       If "Yes," explain the arrangement in Part XIII and complete the following table:         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         21       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         21       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         22       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         23       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?	с	Preservation for future generations									
top sold to raise funds rather than to be maintained as part of the organization's collection?       Image: Text of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Image: Text of the organization and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Text of	4	Provide a description of the organization's co	ollections and explai	n how they fu	rther the organizati	on's exer	npt purpo	se in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XII and complete the following table:	5	During the year, did the organization solicit o	r receive donations	of art, historic	al treasures, or oth	er similar	assets		-		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete table for the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete If the organization nawered 'Yes' on Form 990, Part IV, line 10.       Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (c) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (c) True years back       (c) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (c) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contrinducti				U							No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Co	Par			ete if the orga	nization answered '	'Yes" on	Form 990,	Part IV,	line 9, or		
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Distributions during the year       1d         d       Additions during the year       1d         2a       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X       Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year (b) Prior year       (d) Three years back       (e) Four years back       (e) Four years back         1b       Contributions       (a) Current year end balance (line 1g, column (a) held as:       abcard designated or quasi-endowment \back the graditication that are held and administered for the organization by:       (f) and year balance       %         2											
b       If "Yes," explain the arrangement in Part XII and complete the following table:	1a							_	-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Check here if the explanation answered "Yes" on Form 990, Part X, line 10.         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       Image: Check here if the explanation answered "Yes" on Form 990, Part X, line 10.       Image: Check here if the organization is the data cell in 1g, column (a) held as:       Image: Check here if the organization is the data cell in 1g, column (a) held as:       Image: Check here if the organization is the organization is the data cell in 1g, column (a) held as:         a       Board designated or quasi-endowment Image: Check here if the organization is the data cell in 1g, column (a) held as:       Image: Check here if the organizations       Image: Check here if the organizations <tr< th=""><th></th><th>on Form 990, Part X?</th><th></th><th></th><th></th><th></th><th></th><th>L</th><th>Yes</th><th></th><th>_ No</th></tr<>		on Form 990, Part X?						L	Yes		_ No
c       Beginning balance       ic         id       id         id	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a back designated or quasi-endowment )       —       %         5 Permanent endowment )       %       %       %       %       Yes No         6 The percentages on line s2a, 2b, and 2c should equal 100%.       3a Are there endowment )       %       %         6 The vereentages on line s2a, b2, and 2c should equal 100%.       3a di(i)       3a(i)       3a di(i)									Amoun	t	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         fa       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         a Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Grants or scholarships       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         a Other expenditures for facilities       (a) Current year       (c) Two years back       (e) Four years         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years         g End											
f       Ending balance       1f         2a       Did the organization include an amount on Forn 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes; veptian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Second S											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e										
b       If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered *Yes* on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         i       Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       (a) Comparing restricted endowment (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	t										
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (c) Two years back <th></th> <th><b>ו NO</b> ר</th>											<b>ו NO</b> ר
Image: the set of the s											<u> </u>
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs Image: Contribution of year balance   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c   Temporarily restricted endowment ▶  %   Temporarily restricted endowment ▶  % <th>1 0</th> <th>Lindowment i dinds. Complete i</th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th>are back</th> <th></th> <th>Veare</th> <th>hack</th>	1 0	Lindowment i dinds. Complete i	-					are back		Veare	hack
b       Contributions	10	Paginning of year balance	(a) Current year	(b) Prior y	ear (C) Two year	S DACK (		ais Dauk	(e) i oui	years	Dauk
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs i   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Temporarily restricted endowment ▶  %   f(i) unrelated organizations   (ii) related organizations   (iii) related organizations   (ii) related organizations   3a(i) 3a(i)   3b 1   4 Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property (a) Cost or other   b buildings   c Leasehold improvements   d basis (tinvestment)   b basis (tinvestment)   c Leasehold improvements   c Cost or other   b Cost or other   c Leasehold improvements   c	la h										
d Grants or scholarships	u o										
e       Other expenditures for facilities and programs	с d										
and programs											
f       Administrative expenses	e	-									
g End of year balance	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         mb       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations         (ii)       related organizations         (iii)       related organizations         3a(ii)       aga(i)         3b       aga(ii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         basis (investment)       basis (other)       depreciation       depreciation         1a       Land											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		rent vear end balanc	e (line 1 a. col	umn (a)) held as:						
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			ione your one building								
c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       unrelated organizations       3a(i)       3a(ii)			%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization set as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(ii) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(f) Sos or ther basis</li> <li>(g) Sos or ther basis</li> <li>(g) Sos or ther basis</li> <li>(g) Sos or ther basis</li> <li>(g</li></ul>			`								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       1         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b       1         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       3b       1         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       4         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	•	-									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other e Other (i) unrelated organizations (ii) related organizations (iii) related organization (iii) related organizations (iii) relate	3a			ation that are	held and administe	red for th	ne organiz:	ation			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land           b Buildings           c Leasehold improvements           d Equipment           e Other       6,809.       421.       6,388.			5				5		Ī	Yes	No
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		-							3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       (d) Equipment         d Equipment       (e) Other         e Other       6,809.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sched	ule R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4										
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par	t VI Land, Buildings, and Equipm	nent.								
Image: state of the state o		Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line	11a. See Form 990	), Part X,	line 10.				
b Buildings		Description of property		•		• •		d I	( <b>d</b> ) Boo	k valu	е
b Buildings	1a	Land									
c Leasehold improvements											
d Equipment         6,809.         421.         6,388.											
e Other											
					6,809.		42	1.		6 <u>,</u> 3	88.
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B)	, line 10c.)					6,3	88.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes"	' on Form 990. Part IV. line	e 11b. See Form 990.	. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	I			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11c. See Form 990.	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes'	' on Form 990. Part IV. line	e 11d. See Form 990.	. Part X. line 15.	
	Description			(b) Book value
(1) PREPAID INSURANCE	·			965.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b) must equal Form 000, Port X, col. (P) lin	15)		<b>`</b>	965.
Total. (Column (b) must equal Form 990, Part X, col. (B) lir. Part X Other Liabilities.	le 15.)		·····	505
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Soo For	m 000 Bart V line 21	5
(a) Description of lightlifts		(b) Book value		J.
			-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)			-	
(8)			-	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.) 🕨			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

INC.

Pa	rt XI Reconciliation of Revenue per Audited Financia	i Statements with Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			
_		- 10)	5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
	rt XII Reconciliation of Expenses per Audited Financia			
	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part	al Statements With Expe IV, line 12a.	nses per Return.	
	rt XII Reconciliation of Expenses per Audited Financia	al Statements With Expe IV, line 12a.	nses per Return.	
Pa	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part	al Statements With Expe IV, line 12a.	nses per Return.	
Ра 1	Reconciliation of Expenses per Audited Financia           Complete if the organization answered "Yes" on Form 990, Part           Total expenses and losses per audited financial statements	al Statements With Expe	nses per Return.	
Pa 1 2	Reconciliation of Expenses per Audited Financia           Complete if the organization answered "Yes" on Form 990, Part           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	al Statements With Expe	nses per Return.	
Pa 1 2	Reconciliation of Expenses per Audited Financia           Complete if the organization answered "Yes" on Form 990, Part           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:           Donated services and use of facilities	2a         2a           2b         2b	nses per Return.	
Pa 1 2 a b	Reconciliation of Expenses per Audited Financia           Complete if the organization answered "Yes" on Form 990, Part           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:           Donated services and use of facilities           Prior year adjustments	2a         2a           2b         2c	nses per Return.	
Pa 1 2 b c	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a         2a           2b         2c           2d         2d	nses per Return.	
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	1	
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses through 2d	2a           2b           2c           2d	1	
Pa 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	1	
Pa 1 2 d c d 3 4	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2b         2c         2d	1	
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           4a           4b	1           1           2e           3	
Pa 1 2 4 6 3 4 8 5	Reconciliation of Expenses per Audited Financia         Complete if the organization answered "Yes" on Form 990, Part         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	al Statements With Expe         IV, line 12a.         2a         2b         2c         2d         4a         4b	1         1         2e         3         4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)		Go	rants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		омв №. 1545-0047 <b>2016</b>
Department of the Treasury Internal Revenue Service		► Informati	on about Schedule I	Attach to For		t www.irs.gov/form99	0	Open to Public Inspection
Name of the organizati	on FEEDSCV,						•	Employer identification number $47 - 4887378$
Part I General Ir	formation on Grants a							1, 100,570
criteria used to a	ation maintain records ward the grants or assis	stance?						ction X Yes No
Part II Grants an	IV the organization's pro d Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ac	nat received more than s Idress of organization /ernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	er of section 501(c)(3) a er of other organization Reduction Act Notice	s listed in the line	i table	ne line 1 table				Schedule I (Form 990) (2016

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule I (Form 990) (2016)

FEEDSCV, INC.

47-4887378 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	I Poluired in Part I lir	l ne 2 <sup>.</sup> Part III. column	I (b): and any other a	l Inditional information	

PART I, LINE 2:

THE MISSION OF FEEDSCV IS TO EDUCATE MEMBERS OF THE SANTA CLARITA VALLEY

COMMUNITY ON FOOD AND NUTRITION TO IMPROVE HEALTH AND SUPPORT OTHER

CHARITABLE ORGANIZATIONS IN THE SANTA CLARITA VALLEY IN FEEDING

ECONOMICALLY DISADVANTAGED INDIVIDUALS BY FUNDRAISING AND INCREASING

AWAREMESS AND OFFERING SUPPORT. OCCASIONALLY FEEDSCV FUNDRAISIES ON BEHALF

OF OTHER 501(C)(3) ORGANIZATIONS IN THE SANTA CLARITA VALLEY WHO ARE ALSO

PROVIDING SUCH SUPPORT. BEFORE PARTICIPATING IN SUCH FUNDRAISING, FEEDSCV

CONFIRMS THE 501(C)(3)STATUS OF THE ORGANIZATIONS AND EXAMINES THEIR MOST

Sobodulo L	(Earm 000)	
Schedule I (	(FUIII 990)	

FEEDSCV, INC.

Part IV Supplemental Information

RECENTLY FILED 990 TO CONFIRM THEIR ACTIVITIES.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Mathematical Revenue Service Mathematical Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fr	<b>ZU1b</b> Open to Public
Name of the organization FEEDSCV, INC.	Employer identification number $47-4887378$
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SUPPORT OTHER CHARITABLE ORGANIZATIONS IN THE SANTA CLARI	TA VALLEY IN
FEEDING ECONOMICALLY DISADVANTAGED INDIVIDUALS BY	
FUNDRAISING, INCREASING AWAREMESS, AND OFFERING SUPPORT.	
FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN WAS REVIEWED BY THE GOVERNING BOARD PRIOR TO F	ILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY (SEMI-ANNUAL BOARD MEETINGS) D MONITORS COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLIC	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES	OF THE
ORGANIZATION ARE REVIEWED ANNUALLY BY THE COMPENSATION CO	MMITTEE WHO
OBTAINS INFORMATION ON SALARIES IN COMPARABLY SIZED NON-P	ROFIT
ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INQUIRY ON IT'S W	EBSITE.

#### 2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	00 PAGE 10				-		-	990						-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	BAKING EQUIPMENT	09/01/15	SL	7.00		16	1,811.				1,811.	86.		259.	345.
2	BAKING EQUIPMENT	07/01/16	SL	7.00		16	398.				398.			28.	28.
3	CONVECTION OVENS	07/01/16	NC	7.00	ну		600.				600.			0.	
4	VIDEO EQUIPMENT	12/01/16	SL	7.00		16	4,000.				4,000.			48.	48.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						6,809.				6,809.	86.		335.	421.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,809.				6,809.	86.		335.	421.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,811.			0.	1,811.	86.			345.
	ACQUISITIONS						4,998.			0.	4,998.	0.			76.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						6,809.			0.	6,809.	86.			421.
	ENDING ACCUM DEPR											421.			
	ENDING BOOK VALUE											6,388.			

628111 04-01-16

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form	4562
	ment of the Treasury I Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Attachment Sequence No. 179 Identifying number

L

OMB No. 1545-0172

6

	Revenue Service (99)	about Form 456	2 and its separate inst	ructions is at w	vw.irs.gov/for	m4562.	Sequence No. <b>179</b>
Name(s	s) shown on return			iness or activity to wh			Identifying number
FEE	DSCV, INC.			RM 990 P.			47-4887378
Par	t I Election To Expense Certain Prope	rty Under Section 1	79 Note: If you have any	listed property, o	complete Parl	V before y	
<b>1</b> N	laximum amount (see instructions)						500,000.
<b>2</b> T	otal cost of section 179 property plac	ed in service (see	instructions)				
<b>3</b> T	hreshold cost of section 179 property	before reduction	in limitation				2,010,000.
<b>4</b> F	eduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0			4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter	-0 If married filing separately,	see instructions		5	
6	(a) Description of pro-	operty	(b) Cost (bu	siness use only)	(c) Electer	d cost	
7 L	isted property. Enter the amount from	line 29		7			
<b>8</b> T	otal elected cost of section 179 prope	erty. Add amounts	s in column (c), lines 6 ar	nd 7		8	
<b>9</b> T	entative deduction. Enter the <b>smaller</b>	of line 5 or line 8				9	
	arryover of disallowed deduction from						
<b>11</b> B	usiness income limitation. Enter the s	maller of busines:	s income (not less than a	zero) or line 5		11	
<b>12</b> S	ection 179 expense deduction. Add li	nes 9 and 10, but	t don't enter more than l	ine 11 <u>.</u>		12	
<b>13</b> C	arryover of disallowed deduction to 2	017. Add lines 9 a	and 10, less line 12	🕨 13			
Note	Don't use Part II or Part III below for	listed property. Ir	nstead, use Part V.				
Par	t II Special Depreciation Allowa	nce and Other D	epreciation (Don't inclu	ude listed propert	y.)		
<b>14</b> S	pecial depreciation allowance for qua	lified property (otl	her than listed property)	placed in service	during		
tł	ne tax year					14	
<b>15</b> P	roperty subject to section 168(f)(1) ele	ection				15	
<b>16</b> C	ther depreciation (including ACRS)					16	335.
Par	t III MACRS Depreciation (Don't	include listed pro	perty.) (See instructions	)			
			Section A				
<b>17</b> N	IACRS deductions for assets placed i	n service in tax ye	ears beginning before 20	)16	<u></u>	17	
<b>18</b> If	you are electing to group any assets placed in serv	vice during the tax year	into one or more general asset a	ccounts, check here	<b>&gt;</b> L		
	Section B - Assets		e During 2016 Tax Yea	r Using the Gen	eral Deprecia	ation Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
с	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
	Desidential vental avenants	/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets P	Placed in Service	During 2016 Tax Year	Using the Alterr	native Depred	ciation Sys	tem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
с	40-year	/		40 yrs.	MM	S/L	
Par	<b>t IV</b> Summary (See instructions.)						
<b>21</b> L	isted property. Enter amount from line	28				21	
22 T	otal. Add amounts from line 12, lines	14 through 17, lin	nes 19 and 20 in column	(g), and line 21.			
E	nter here and on the appropriate lines	of your return. P	artnerships and S corpo	rations - <u>see inst</u>	<u></u>	22	335.
<b>23</b> F	or assets shown above and placed in	service during th	e current year, enter the				
n	ortion of the basis attributable to sect	ion 263A costs		23			

	m 4562 (2016)		DSCV, I			.1		- 41					4887		
Pa	recreation, or a		utomobiles, ce	ertain otr	ner venic	cles, ce	rtain airc	raft, ce	ertain com	puters,	and prop	perty use	ed for en	tertainm	ent,
	<b>Note:</b> For any (a) through (c)	of Section A,	, all of Section	B, and	Section	C if app	olicable.							4b, colu	mns
			on and Other					_							
<u>24a</u>	Do you have evidence to s			ent use cla	aimed?	<u> </u>	<u>∕es</u> ∟	No	<b>24b</b> If "Y	1		nce writ	ten?	Yes	<u>No</u>
	<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	<b>(c)</b> Business/ investment use percentag		<b>(d)</b> Cost or ther basis	(h	(e) Isis for depr Usiness/inve Use only	estment	(f) Recovery period	Me	(g) ethod/ vention	Depre	<b>(h)</b> eciation uction	Eleo sectio	<b>(i)</b> cted on 179 ost
25	Special depreciation allo	owance for q	ualified listed	property	y placed	in serv	ice durin	g the ta	ax year ar	id					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more that	n 50% in a q	ualified busin	ess use:	:							•			
		: :	ģ	6											
		: :	-	6											
			,	6											
27	Property used 50% or le	· · · · ·										<u> </u>			
		: :	-	6						S/L ·					
		: :	-	6						S/L ·					
	Add amounts in column	(h) lines 25		-	o and or		1 0000 1			S/L -	28				
	Add amounts in column										·· ·		29		
29	Add amoding in coldmin	i (i), iii le 20. L					n on Use						. 23		
Cor	nplete this section for ve	hicles used					-			or relate	d persor	n. If vou	provideo	vehicles	5
	our employees, first ans		• • •								-	•	-		-
,					,					5					
				(	a)		(b)		(c)		(d)	(	e)	(f	)
30	Total business/investment	miles driven d	uring the	Veł	hicle	Ve	ehicle	V	ehicle	Ve	hicle	Vel	hicle	Veh	icle
	year ( <b>don't</b> include commu	ting miles)													
31	Total commuting miles of	driven during	the year												
	Total other personal (no	-	-												
	driven														
	Total miles driven during														
	Add lines 30 through 32				1				-1						
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>0</b> 5	during off-duty hours?														
	Was the vehicle used p														
	than 5% owner or relate Is another vehicle availa														
	use?	•													
	use:		- Questions f	or Empl	lovers M	l Vho Pro	 vide Vel	hicles	for Lise b	l v Their	L Employe		1		
Δns	wer these questions to			-	-					-			ren't mo	re than f	5%
	ners or related persons.		you moot an o	, ooption		pioting	Cootion			,cu by c	mpleyee				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Do you maintain a writte	en policy stat	ement that pr	ohibits a	all persor	nal use	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that pr	ohibits p	oersonal	use of	vehicles,	excep	t commut	ing, by	your				
	employees? See the ins														
	Do you treat all use of v														
	Do you provide more th														
	the use of the vehicles,														<b> </b>
	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	't comple	ete Sec	tion B fo	r the co	overed ve	hicles.					
Pá	art VI Amortization			(h)	1	(c)		_	(d)		(0)			(f)	
	<b>(a)</b> Description o	f costs		(b) amortization		(c) Amortiza amour	able		(d) Code section		(e) Amortiza		Ar	(f) nortization r this year	
42	Amortization of costs th	at begins du		begins S tax ve:	l ar:	anoul			300001	1	period or per	септаде	10	эуса	
72	,	at bogins du		:											
				<u>: :</u> : :											
43	Amortization of costs th	at began bei	fore your 2016		ar			<b>I</b>		1		43			
	Total. Add amounts in o											44			

2016 DEPRECIATION AND AMORTIZATION REPORT

#### - CURRENT YEAR FEDERAL - FEEDSCV, INC.

Asset No.	Description	Dat Acqu	e ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES												
1	BAKING EQUIPMENT	090:	115	SL	7.00	16	1,811.			1,811.	86.		259.
2	BAKING EQUIPMENT	070:	116	SL	7.00	16	398.			398.			28.
3	CONVECTION OVENS	0703	116	NC	7.00		600.			600.			0.
4	VIDEO EQUIPMENT * 990 PAGE 10 TOTAL	120:	116	SL	7.00	16	4,000.			4,000.			48.
	* GRAND TOTAL 990						6,809.		0.	6,809.	86.		335.
	PAGE 10 DEPR						6,809.		0.	6,809.	86.		335.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						1,811.		0.	1,811.	86.		
	ACQUISITIONS						4,998.		0.	4,998.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						6,809.		0.	6,809.	86.		

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2017 DEPRECIATION AND AMORTIZATION REPORT

### - NEXT YEAR FEDERAL - FEEDSCV, INC.

Asset No.	Description	A	Date cquir	ed	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES	0.0	0.1	1 5	at	7 00	1 011		1 011	245	250
	BAKING EQUIPMENT BAKING EQUIPMENT	09	01	15 16	SL CI	7.00 7.00	1,811. 398.		1,811. 398.	345. 28.	259. 57.
	CONVECTION OVENS	07	01	1 6		7.00	600.		600.	20.	0.
	VIDEO EQUIPMENT	12	$01 \\ 01$	$16^{10}$	SL	7.00	4,000.		4,000.	48.	571.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						_,		_,		
							6,809.		6,809.	421.	887.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,809.		6,809.	421.	887.
				_		_					
				_							

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone