EXTENDED TO MAY 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. tax year beginning JUL 1 , 2016 and ending JUN 30 2017

_	r Or u	and the zolo calendar year, or tax year beginning 000 1, 2016 and	enaing U	UN 30, 2017					
В	Check is applicat	C Name of organization		D Employer identifi	cation number				
	Addr								
	Nam chan	9		06-1	063025				
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final retur	V Z KESEARCH FARRWAI		(203) 469-5000					
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 52,924,942					
L	Amer	WALLINGFORD, CT 08492		H(a) Is this a group re	eturn				
L	Appli tion pend	F Name and address of principal officer: BETH STOKES		for subordinates? Yes X No					
_	10000	Z RESEARCH PARKWAY, WALLINGFORD, CT 06	492	H(b) Are all subordinates included? Yes No					
		tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)				
		ite: ► WWW.CTFOODBANK.ORG f organization: X Corporation Trust Association Other ►	1	H(c) Group exemptio					
	art I	forganization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1982 N	A State of legal domicile: CT				
	1	Briefly describe the organization's mission or most significant activities: THE	OPCANT	ZATION COLT	ידויים				
Se	l '-	STORES AND DISTRIBUTES DONATED AND PURCHA							
Governance	2	Check this box if the organization discontinued its operations or dispose							
Ver	3	North and forting and the state of the state		3	15				
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15				
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	72				
itie	6	Total number of volunteers (estimate if necessary)			5600				
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.					
_ <		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)		40,945,209.	48,682,323.				
ž	9	Program service revenue (Part VIII, line 2g)		1,336,325.	1,640,475.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		49,397.	461,027.				
<u>m</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,735.	94,820.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,365,666.	50,878,645.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,228,039.	4,443,245.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
X		Total fundraising expenses (Part IX, column (D), line 25) 1,266,99		25 500 005	11 225 725				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,520,927.	44,396,529.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		41,748,966.	48,839,774.				
- 5		Revenue less expenses. Subtract line 18 from line 12		616,700.	2,038,871.				
ets or ances	20	Total assets (Part X, line 16)		ginning of Current Year 25,441,748.	End of Year 27,117,966.				
Asse		Total liabilities (Part X, line 26)		7,310,871.	6,512,373.				
Net, und		Net assets or fund balances. Subtract line 21 from line 20		18,130,877.	20,605,593.				
Pa	rt II	Signature Block		10/150/07/1	20,000,000.				
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and helief it is				
		t, and complete, Deolaration of proparer (other than officer) is based on all information of wh			and solidi, it is				
		\ _\/\dth\x\\Z		5-8	-2018				
Sign	ì	Signature of officer		Date	1010				
Here	Э	BETH STOKES, CFO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN				
Paid		GREGORY C. MARAZITA GREGORY C. MARAZ	ZITA	self-employe					
Prep	985 - 65	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323				
Use	Unly	Firm's address 555 LONG WHARF DRIVE, 12TH FLOOR			20) 564				
		NEW HAVEN, CT 06511		Phone no. (20	03) 781-9600				
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE ORGANIZATION SOLICITS, STORES, AND DISTRIBUTES DONATED AND	
1	Briefly describe the organization's mission: THE ORGANIZATION SOLICITS, STORES, AND DISTRIBUTES DONATED AND	
	PURCHASED FOOD PRODUCTS TO NON-PROFIT AGENCIES.	•
2	Did the organization undertake any significant program services during the year which were not listed on the	_
		Yes X
	If "Yes," describe these new services on Schedule O.	103 [11
3		Yes X
	If "Yes," describe these changes on Schedule O.	168 122
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 46,470,857. including grants of \$) (Revenue \$) (Revenue \$)	0,47
	CONNECTICUT FOOD BANKS MISSION IS TO PROVIDE NUTRITIOUS FOOD TO PEO	OPLE
	IN NEED. THE FOOD BANK IS A PRIVATE, NONPROFIT ORGANIZATION THAT WO	ORKS
	WITH CORPORATIONS, COMMUNITY ORGANIZATIONS, AND INDIVIDUALS TO SOLI	ICIT
	TRANSPORT, WAREHOUSE AND DISTRIBUTE DONATED FOOD. AN AFFILIATE OF	
	FEEDING AMERICA (THE NATIONS NETWORK OF FOOD BANKS), IT IS THE LARC	JEST.
	CENTRALIZED SOURCE OF DONATED, EMERGENCY FOOD ASSISTANCE IN	
	CONNECTICUT.	
	THE FOOD BANK HAS DISTRIBUTED MORE THAN 200 MILLION POUNDS OF FOOD	
	SINCE IT WAS FOUNDED IN 1982. THROUGH WAREHOUSES IN WALLINGFORD AND	5
	FAIRFIELD, AND A DISTRIBUTION SITE IN NEW LONDON, AND A FLEET OF	
	SIXTEEN VEHICLES, THE FOOD BANK PROVIDES NON-PERISHABLE AND PERISHA	ARLE
	(Code:) (Expenses \$including grants of \$) (Revenue \$	
	/ (neverties	
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•		_
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; ((Code:) (Expenses \$	
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-		_
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	Other program services (Describe in Schedule O.)	_
. (· · · · · · · · · · · · · · · · · · ·	
	(Expenses S including grants of S) (Revenue S)	

Form 990 (2016) CONNECTICUT FOOD BANK, 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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		1	
_	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			l
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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,	_		۱.,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	l <u>.</u> .		·
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		LX.
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				_v
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
		ا		- T
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
••	as applicable.	. 1		
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	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l la	Λ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	[X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ļ	
	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		<u>X</u>
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	ŀ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		[
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
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,"	_	- 1	v
	complete Schedule G. Part III	19	000 /	<u>X</u>

Page 4 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 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 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 Х 22 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 Х 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х 25a 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 X 25b 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? // "Yes," complete Schedule L. Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? | f "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Form 990 (2016)

Х

X

36

37

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note, All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2016) CONNECTICUT FOOD BANK, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		2019/01/01/01	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17			
b				
С	BELLEON CONTROL OF THE PROPERTY OF THE PROPERT			
	(gambling) winnings to prize winners?	1c	Х	
2a				
	filed for the calendar year ending with or within the year covered by this return 2a 72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1000001	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	100000	Economic States
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts included an Form 200 Part VIII line 12 feet white was at all the feelilities.			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from members or shareholders			
b	The state of the s			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Annual of the state of the stat	13a	econole	
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	iod		
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	THE PROPERTY OF THE PROPERTY O		990 (2016)

CONNECTICUT FOOD BANK, INC. Form 990 (2016) 06-1063025 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section 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 15 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 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b 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 arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: BETH STOKES - 203-469-5000 2 RESEARCH PARKWAY, WALLINGFORD, CT 06492

Form **990** (2016)

Form 990 (2016) CONNECTICUT FOOD BANK, INC. 06-1 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's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz	(B)	T			C)	- p-01		(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	\⊏/ Reportable	
Tame and Tigo	hours per		(do not check more the box, unless person is I					compensation	compensation	Estimated amount of
	week		officer and a director/trustee)					from	from related	other
	(list any	ector			ł			the	organizations (W-2/1099-MISC)	compensation
	hours for	or di	_a			ated		organization (W-2/1099-MISC)		from the
	related organizations	ustee	trust	1	ap ap	neus				organization
	below	Jaa t	litenal	_	nploy	st con				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) DIANNE WITTE	1.00	✝						-	-	
SECRETARY		1x		Х				0.	0.	0.
(2) WILLIAM C. LESKO	1.00									, , , , , , , , , , , , , , , , , , ,
TREASURER		X	i	Х		ĺ		l o.	0.	0.
(3) ARLENE PUTTERMAN	1.00							·	_	
DIRECTOR		x				ĺ	ľ	0.	0.	0.
(4) CARLTON BYRD	1.00									
DIRECTOR		X						0.	0.	0.
(5) ALEX HUTCHINSON	1.00								"	
CHAIR		x		Х				0.	0.	0.
(6) MAX BARRY	1.00								,	·
DIRECTOR		Х						0.	0.	0.
(7) NORMAN W. LACROIX	1.00									
DIRECTOR		X						0.	0.	0.
(8) DAVID VIPOND	1.00]							_	
DIRECTOR	ļ	X						0.	0.	0.
(9) ED MARCANTONIO	1.00			ľ						
DIRECTOR		Х						0.	0.	0.
(10) JENNIFER KING	1.00	ĺ								
DIRECTOR		X						0.	0.	0.
(11) WESLEY HIGGINS	1.00	ļ		ļ						
VICE CHAIR		X		Х	_			0.	0.	0.
(12) JENNY CHOU	1.00									
DIRECTOR		X						0.	0.	0.
(13) PETER SCHWARTZMAN	1.00									
DIRECTOR		X		_		_		0.	0.	0.
(14) EVAN WALKER	1.00				ļ					
DIRECTOR		X				_		0.	0.	0.
(15) MATTHEW SCHIFFMAN	1.00	<u>-</u>				ŀ		_		
DIRECTOR		X		_	_			0.	0.	0.
(16) BETH STOKES	40.00								_	
CFO	40.00		_	Х	_	_	_	144,636.	0.	2,893.
(17) BERNARD BEAUDREAU	40.00							105		
CEO				Х				185,640.	0.	20,304.

632007 11-11-16

Part VII Section A. Officers, Directors, Tru	istees Key Em	nlov	000	20/	4 LI:	ahar	* C	omnonceted Employee	00 1003	023	, ,	aye o
(A)	(B)	l	663		C)	gnes	si Ci	(D)		Т	(F)	
Name and title	Average				sition				(E)	١,	(F)	
Name and title	hours per			check	more	than		Reportable compensation	Reportable compensation	1000	stimat	
	week					or/trus		from	from related	"	mount other	
	(list any	tor			d)		Π	the	organizations	CO.	npens	
	hours for	direc				p		organization	(W-2/1099-MISC)		from th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)		ganiza	
	organizations	trust	al tru		yee	эшы		,			nd rela	
	below	Individual trustee or director	Institutional trustee	<u>~</u>	Key employee	est co	er				anizat	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) PAUL O'LEARY	40.00											
COO		1				Х		139,558.	0.	2	22,5	01.
(19) MARYKATE CAROFANO	40.00							,			/ -	<u> </u>
CDO		1				x		140,344.	0.	1	0,5	91
										_	. 0 , 5	<u> </u>
					<u> </u>							
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					_	Н	-					
		_				\vdash						
												
1b Sub-total						J	▶	610,178.	0.	5	6,2	89.
c Total from continuation sheets to Part V	/II, Section A]	▶	0.	0.			0.
d Total (add lines 1b and 1c)						J	•	610,178.	0.	5	6,2	89.
2 Total number of individuals (including but			77				o rec	ceived more than \$100,0	000 of reportable			
compensation from the organization									november - versige (1860) (18. 🔻 United to tensing the filter trick)			4
					1						Yes	No
3 Did the organization list any former office	r, director, or tru	stee	. ke	v em	olar	vee	or hi	ighest compensated em	nplovee on			
line 1a? If "Yes," complete Schedule J for										3	aviolatini	х
4 For any individual listed on line 1a, is the s										3		41
and related organizations greater than \$15											х	88888
5 Did any person listed on line 1a receive or	accrue compan	cotic	npie	om s	env	uule	U 10	d organization or individ	ual for consider	4	Λ	(NAV)
												v
rendered to the organization? If "Yes," cor	ripiete Schedule	J fo	r su	cn p	ersc	on				5		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREIGHTLINER OF HARTFORD		
222 ROBERTS STREET, EAST HARTFORD, CT 06108	TRUCK PURCHASE	692,433.
RKD ALPHA DOG		
201 SUMMER STREET, HOLLISTON, MA 01746	DIRECT MAIL	440,653.
BROCCOLI ASSOCIATES		
PO BOX 4457, UTICA, NY 13504	FOOD	435,146.
THURSTON FOODS		
30 THURSTON DRIVE, WALLINGFORD, CT 06492	FOOD	404,822.
WESTERN HARVEST GARDENS, 1911 CH. DE LA		
RIVIERE, STE-CLOTILDE, QUEBEC, CANADA	FOOD	275,048.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2016)

Section B. Independent Contractors

CONNECTICUT FOOD BANK, INC. Form 990 (2016) 06-1063025 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts. 1 a Federated campaigns 8,225. b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 1,510,367. f All other contributions, gifts, grants, and similar amounts not included above 47,163,731, 39,456,591. g Noncash contributions included in lines 1a-1f; \$ 48,682,323 Total. Add lines 1a-1f Business Code 2 a BUYING CLUB REVENUE 624210 1,211,225. 1,211,225. Program Service Revenue 407,847. SHARED MAINTENANCE AND TRANSPORTA 624210 407,847. STORAGE & HANDLING 624210 21,403. 21,403. d All other program service revenue 1,640,475. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 30,146. 30,146. Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,539,864. 900,000. assets other than inventory b Less: cost or other basis 1,436,699. 572,284. and sales expenses 103,165. 327,716. c Gain or (loss) d Net gain or (loss) 430,881 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 132,134 37,314. b Less: direct expenses c Net income or (loss) from fundraising events 94,820. 94,820. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue

50,878,645.

e Total. Add lines 11a-11d

Total revenue. See instructions.

1,640,475.

Form 990 (2016) CONNECTICUT FOOD BANK, INC. Part IX | Statement of Functional Expenses

Interest	Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
1 Grants and other assistance to domestic organizations and domestic operaments. See Part IV, line 22 2 Grants and other assistance to domestic inchindrus See Part IV, line 22 3 Grants and other assistance to domestic inchindrus See Part IV, line 22 4 Brants and other assistance to domestic inchindrus See Part IV, line 25 5 Grants and other assistance to domestic inchindrus See Part IV, line 26 6 Compensation of current officers, directore, trustees, and key employees 6 Compensation of current officers, directore, trustees, and key employees 7 Compensation of current officers, directore, trustees, and key employees 8 Persons (as defined under section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 444, 664 Persons plan accruals and confider/under section 4958(c)(3)(8) and 3, 233, 356. 2, 206, 627. 582, 065. 4444, 664 Persons plan accruals and confider/under section 4958(c)(4) and 4958(c)(4) and 4958(c)(4) and 4958(c)(4) and 4958(c)(4) and 4958(c)(4) a		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclindedus See Part N. Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclindedus See Part N. Ine 92 4 Benefits paid to or for members 5 Compensation of current Officers, directors, trustees, and key employees 6 Compensation for inclinded above, to disqualified persons (see official and contributions (include section 4958(s)(18)) 7 Other salaries and wages 8 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 9 Other employee benefits 1 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 10 Person services (incrementations) 11 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 12 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 13 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 14 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 15 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 16 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 17 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 18 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 19 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 10 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 11 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 12 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 10 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 11 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 12 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 13 Persoin plan accusals and don/fibritions (include section 4958(s)(18)) 14 Persoin plan accusals and don/fibritions (include 4958(s)(18)) 15 Persoin plan accusals and don/fibritions (include 4958(s)(18)) 15 Persoin plan accusals and don/fibrition	1	Grants and other assistance to domestic organizations	,		J	- CAPSITION
individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign departments and to fee members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation not included above, to disqualified persons (as affered under section 9580(t)) and persons described in section 4988(c)(3)(B) 7. Other eatheries and wages 8. Pension plan accruits and contributions (include section 401(t) and 40(8)(t) employer comtributions) 9. Other employee benefits 9. Other employee benefits 1. Feas for services (non-employees) a Management b Legal 4. Accounting 4. Lobbyring 9. Other, organization of services (the first product) 1. Feas for services (non-employees) a Management b Legal 6. Confirm (A) amount, list line 11g expenses on Sch 0, 11g (1)g (1)g (1)g (1)g (1)g (1)g (1)g		and domestic governments. See Part IV, line 21				
a Gants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(c)(3)(8) Person described in section 4958(c)(3)(8) Person plan accruals and contributions (include section 401) and degree employee benefits Person plan accruals and contributions (include section 401) and 403(b) employee combitutions) Control of the employee benefits Person plan accruals and contributions (include section 401) and 403(b) employee combitutions) Control of the employee benefits Person plan accruals and contributions (include section 401) and 403(b) employee combitutions) Control of the employee benefits Person plan accruals and contributions (include section 401) and 403(b) employee combitutions) Control of the employee benefits Control of the	2	Grants and other assistance to domestic		, i		
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Individuals. See Part IV, lines 15 and 16 Banefits paid to or for members Sompensation of current officers, directors, trustees, and key employees Sompensation of current officers, disqualified persons (as defined under section 4958(c)(3)) and persons described in section 4958(c)(3)) and 40(0) analyses contributions (include section 4959(c)) and 40(0) analyses contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses contributions) Some analyses and contributions (include section 4959(c)) and 40(0) analyses and 40	3	Grants and other assistance to foreign				
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8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 596, 793, 447,595, 89,519, 59,679 10 Payroll taxes 282,820, 212,115, 42,423, 28,282 1 Fees for services (non-employees): a Management b Legal						
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11 Fees for services (non-employees): a Management	_				89,519.	<u>59,679</u>
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b Legal						
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0, a FOOD DISTRIBUTED b OTHER FOOD PURCHASES c FREIGHT f Univestment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses g Other expenses g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses g Other expenses, literate expenses on schedule 0, a FOOD DISTRIBUTED g OTHER FOOD PURCHASES e All other expenses f Other exp			 .			
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g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 94,493. 70,870. 14,174. 9,449 1nformation technology Royalties Occupancy 176,903. 159,213. 8,845. 8,845. 78,214. 46,313. 11,901. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 247,802. 247,802. Payments to affiliates Depreciation, depletion, and amortization and amortization expenses of the expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Scholle 0.) a FOOD DISTRIBUTED b OTHER FOOD PURCHASES c FREIGHT d FUNDRAISING ACTIVITIES e All other expenses 101, 201, 201, 201, 201, 201, 201, 201,	e					
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15 Royalties 176,903. 159,213. 8,845. 8,845. 17 Travel 58,214. 46,313. 11,901. 11,901. 11,901. 12,901. 12,901. 13,901. 14,901. 1		Information technology	74,475.	70,070.	14,1/4•	
176,903. 159,213. 8,845. 8,845.						
17 Travel			176 903.	159 213	8 845	8 8/15
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 247,802. 247,802.					0,043.	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest 247,802. 247,802. Payments to affiliates Depreciation, depletion, and amortization Insurance Conferences, conventions, and meetings 247,802. 247,802. 247,		***************************************	50,221	10/313.		
Conferences, conventions, and meetings Conferences, conventions, and meetings Conferences, conventions, and meetings Conferences Con		, ,				
Payments to affiliates 247,802. 247,802.	19				-	
Payments to affiliates Depreciation, depletion, and amortization 757,765. 681,989. 37,888. 37,888.	20		247.802.	247.802.		
Depreciation, depletion, and amortization insurance	21		<u> </u>			
224,220. 194,865. 18,529. 10,826.	22		757,765.	681,989.	37,888.	37,888.
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a FOOD DISTRIBUTED b OTHER FOOD PURCHASES c FREIGHT d FUNDRAISING ACTIVITIES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23					
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FOOD DISTRIBUTED b OTHER FOOD PURCHASES c FREIGHT d FUNDRAISING ACTIVITIES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 37,795,532. 37,795,532. 2,367,243. 2,367,243. 1,144,040. 1,144,040. 645,946. 645,946. 645,946. 96,052. 9,515. 48,839,774. 46,470,857. 1,101,922. 1,266,995.	24	Other expenses, Itemize expenses not covered				
a FOOD DISTRIBUTED b OTHER FOOD PURCHASES c FREIGHT d FUNDRAISING ACTIVITIES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 37,795,532. 37,795,532. 2,367,243. 2,367,243. 31,144,040. 31,144,040. 37,795,532. 37,996,996,996,996,996,996,996,996,996,99		24e amount exceeds 10% of line 25, column (A)				
b OTHER FOOD PURCHASES c FREIGHT d FUNDRAISING ACTIVITIES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 2, 367, 243. 2, 367, 243. 2, 367, 243. 2, 367, 243. 3, 1, 144, 040. 45, 946. 472, 876. 96, 052. 9, 515. 48, 839, 774. 46, 470, 857. 1, 101, 922. 1, 266, 995.	а		37,795,532	37.795.532		
C FREIGHT 1,144,040. 1,144,040. 645,946. 645,	b					_
the All other expenses Add lines 1 through 24e All notests. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c					<u> </u>
All other expenses 578,443. 472,876. 96,052. 9,515. Total functional expenses. Add lines 1 through 24e 48,839,774. 46,470,857. 1,101,922. 1,266,995. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-					645.946.
Total functional expenses. Add lines 1 through 24e 48,839,774. 46,470,857. 1,101,922. 1,266,995. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				472,876.	96.052.	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	· — — — —				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	26		, , , , , , ,		,,-	_,,
educational campaign and fundraising solicitation.						
		, <u></u>				

Par	t X	Balance Sheet	***		-
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,891,160.	1	2,708,127
	2	Savings and temporary cash investments	3,040,985.	2	2,878,773
	3	Pledges and grants receivable, net	1,267,563.	3	568,622
	4	Accounts receivable, net	71,754.	4	95,450
ĺ	5	Loans and other receivables from current and former officers, directors.	•		
l		trustees, key employees, and highest compensated employees. Complete	;		
		Part II of Schedule L	i	5	·
	6	Loans and other receivables from other disqualified persons (as defined under		<u>~</u> _	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ي		employees' beneficiary organizations (see instr). Complete Part II of Sch L]	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	1,481,030.	8	3,148,222
	9	Prepaid expenses and deferred charges	46,889.	9	65,103
	10a	Land, buildings, and equipment: cost or other	10,003.	9	03,103
ł		basis. Complete Part VI of Schedule D 10a 16,539,379.			
	h	Less: accumulated depreciation 10b 2,210,604.	14,332,158.	10c	14,328,775
	11	Investments - publicly traded securities	2,755,896.	11	3,222,763
	12	Investments - other securities. See Part IV, line 11	63,813.	12	73,413
- 1	13	Investments - program-related. See Part IV, line 11	03,013.	-	
	14			13	
	15	-	490,500.	14	20 710
	16	Other assets. See Part IV, line 11	25,441,748.	15	28,718
\rightarrow	17	Total assets. Add lines 1 through 15 (must equal line 34)	824,334.	16	27,117,966
- 1	18	Accounts payable and accrued expenses	024,334.	17	654,297
	19	Grants payable	127,861.	18	217 065
	-	Deferred revenue	12/,001.	19	317,965
	20 21	Tax-exempt bond liabilities		20	
١,		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es '	22	Loans and other payables to current and former officers, directors, trustees,		1	
養		key employees, highest compensated employees, and disqualified persons.	'		
Liabilities		Complete Part II of Schedule L	C 0C4 C7C	22	E 440 E40
_ 1	23	Secured mortgages and notes payable to unrelated third parties	6,064,676.	23	5,442,748.
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
[]	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X of	204 000		00.000
١,	20	Schedule D	294,000.	25	97,363.
- 2	26	Total liabilities. Add lines 17 through 25	7,310,871.	26	6,512,373.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	•		
Ses		complete lines 27 through 29, and lines 33 and 34.	16 040 010		10 000 010
ğ Z	27	Unrestricted net assets	16,940,012.	27	19,900,912.
Ba 2		Temporarily restricted net assets	1,190,865.	28	704,681.
Net Assets or Fund Balances		Permanently restricted net assets		29	
로 [Organizations that do not follow SFAS 117 (ASC 958), check here		l	
ا ق		and complete lines 30 through 34.			
و ا يو 1		Capital stock or trust principal, or current funds		30	
ğ 3		Paid-in or capital surplus, or land, building, or equipment fund		31	· <u> </u>
<u>₹</u> 3		Retained earnings, endowment, accumulated income, or other funds	10 100 5==	32	00 -0-
_ ~		Total net assets or fund balances	18,130,877.	33	20,605,593.
3	<u> 34</u>	Total liabilities and net assets/fund balances	25,441,748.	34	27,117,966.

Form **990** (2016)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>0,87</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>8,83</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,03		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	8,13		
5	Net unrealized gains (losses) on investments	5		23	9,	208.
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		19	6,6	537.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	2	<u>0,60</u>	5,	593.
Pa	rt XIII Financial Statements and Reporting					-
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X
					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	Э.		1.		1
2a				_2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1 1		1
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 separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?	• • • • • • • • • • • • • • • • • • • •		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		- 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	dit		**	1
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
	· · · · · · · · · · · · · · · · · · ·			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service

Employer identification number

CONNECTICUT FOOD BANK, INC. 06-1063025 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 692021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Total

Schedule A (Form 990 or 990-EZ) 2016 CONNECTICUT FOOD BANK, INC. 06-1063 Part II 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	endar 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	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						
8575	furnished by a governmental unit to						
	the organization without charge				1		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
J	by each person (other than a	mest and					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	***************************************						
	Public support. Subtract line 5 from line 4.				ii ee		
		(-) 2012	(h) 2012	(-) 2014	(4) 2015	(-) 0016	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectior	1 501(c)(3)	
_	organization, check this box and stor	here					>
	ction C. Computation of Publi						
	Public support percentage for 2016 (li					14	<u>%</u>
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the o						F-10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶∟
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test				er nucl skante i zan kaansai e		
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	l organization		>
b	b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets th	e "facts-and-circun	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	We would be a second
	organization meets the "facts-and-circ	umstances" test. T	he organization q	ualifies as a public	cly supported organ	nization	>
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	o, check this box a	nd see instructions	
					Sche	dule A (Form 990)	or 990-F7) 2016

Schedule A (Form 990 or 990-EZ) 2016 CONNECTICUT FOOD BANK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

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.")	35922877.	38576057.	42988465.	40857136.	48182719.	206527254
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1316609.	1337352.	1584204.	1336325.	1640475.	7214965.
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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	37239486.	39913409.	44572669.	42193461.	49823194.	213742219
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		11				0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						213742219
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	37239486.	39913409.	44572669.	42193461.	49823194.	213742219
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	32,541.	29,599.	32,626.	39,592.	30,146.	164,504.
b	Unrelated business taxable income						·
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	32,541.	29,599.	32,626.	39,592.	30,146.	164,504.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	37272027.	39943008.	44605295.	42233053.	49853340.	213906723
14	First five years. If the Form 990 is for						
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Perc	centage				
15	Public support percentage for 2016 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))		15	99.92 %
16	Public support percentage from 2015	Schedule A, Part II	II, line 15			16	99.91 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	16 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.08 %
	Investment income percentage from 2				SCOUNTER CONTRACTOR STATE STAT	18	.09 %
	33 1/3% support tests - 2016. If the					St. See Street Street	
	more than 33 1/3%, check this box an						▶ X
	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

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?
- 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
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90 or 99	0-EZ)	2016

Parent of Supported Organizations. Answer (a) and (b) below.a Did the organization have the power to regularly appoint or ele

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

2b

3a

3b

Sch	edule A (Form 990 or 990-EZ) 2016 CONNECTICUT FOOD BANK,	INC.		06-1063025 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
_	other Type III non-functionally integrated supporting organizations must co			and the second s
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

emergency temporary reduction (see instructions)

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

4

5

Schedule A (Form 990 or 990-EZ) 2016

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 20	16 CONNECTICU	T FOOD BAN	K, INC.	06-1063025	Page 8
Part VI	Supplemental Info Part IV. Section A. lines	ormation. Provide the 1, 2, 3b, 3c, 4b, 4c, 5a	e explanations requir	ed by Part II, line 10; F	Part II, line 17a or 17b; Part III, line 12;	on C
_	line 1; Part IV, Section	D. lines 2 and 3: Part IV.	Section E. lines 1c. 2	2a. 2h 3a and 3h Par	t V, line 1; Part V, Section B, line 1e; F t for any additional information.	art V,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number CONNECTICUT FOOD BANK, INC. 06-1063025 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

		ICUT FOOD					06-1	063025	Page 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical	Treasures, o	r Othe	r Simila	r Asse	ts (continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of	the following tha	it are a si	gnificant ι	use of its	collection is	tems
	(check all that apply):								
а	Public exhibition	c	d Loan o	r exchange progr	ams				
b	Scholarly research	e	e Other_						
С	Preservation for future generations								
4	Provide a description of the organization's control	ollections and explair	n how they furth	ner the organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or oth	er similar	assets	-		-
	to be sold to raise funds rather than to be m							Yes	No No
Pa	rt IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on	Form 990	0, Part IV	, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						_	_	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
								Amount	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance							1,000	
2a	Did the organization include an amount on F	SCHOOL SECTION OF A STREET STREET, STREET STREET, STRE	CONTRACTOR STATE OF THE STATE O			ity?	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. Try Endowment Funds. Complete	Check here if the ex	planation has b	een provided on	Part XIII				
Га	Triving Endowment Funds. Complete							T	
0.2000		(a) Current year	(b) Prior yea	ar (c) Iwo yea	ars back	(d) Three	years back	(e) Four y	ears back
	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		L		A-0000 - 1				
2	Provide the estimated percentage of the curr		e (line 1g, colum	nn (a)) neid as:					
a	Board designated or quasi-endowment Permanent endowment	%	%						
b		%							
С	The percentages on lines 2s. 2h. and 2s she	104							
За	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that are he	ld and administs	rad far th	o organiz	ation		
Ja	by:	ssion of the organiza	tion that are ne	id and administe	red for th	ie Organiza	ation	[v	es No
	500 - 500								es No
	(ii) unrelated organizations (ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule	R2				3b	
4	Describe in Part XIII the intended uses of the							[30]	
	t VI Land, Buildings, and Equipm		William Idilas.						-
The Control of the Co	Complete if the organization answered). Part IV. line 1	1a. See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or o	i i	Cost or other	r i	ccumulate	ed	(d) Book	value
	2 coonpliant of property	basis (investr	The state of the s	asis (other)		preciation	1000000	(a) Book	value
	Land	1 700			72.55			1,729	.131.
	Buildings				8	862,0	23.	10,990	
	Leasehold improvements		368.			5,6			,731.
	Equipment					405,6			,595.
е	Other	1,883,2	272.		9	937,2	74.	945	,998.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CONNECTICUT	FOOD BANK,	INC.	06-1063025 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-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.			
Complete if the organization answered "Yes" (a) Description of investment			
The Accessoration appropries that contract the contract the contract that the contract the contract that the contract the contract that th	(b) Book value	(c) Method of valuation	on: Cost or end-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"		line 11d. See Form 990, Part X,	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, F	Part X, line 25.
1. (a) Description of liability	ĺ	(b) Book value	
(1) Federal income taxes			
(2) OBLIGATION UNDER INTEREST	RATE		
(3) SWAP AGREEMENT		97,363.	
(4)			
(5)			
(0)			

97,363. Total. (Column (b) must equal Form 990, Part X, col. (B) line 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

Schedule D (Form 990) 2016

(7)

Schedule D (Form 990) 2016

HAS CONCLUDED THAT AS OF JUNE 30, 2017 AND 2016, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

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Part XIII Supplemental Information (continued)	03025 Page 5
A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	THE
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;	
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROG	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	<u>37</u> ,314.
UNREALIZED GAIN	239,208.
CHANGE IN FMV OF SWAP AGREEMENT	196,637.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	<u>473,159.</u>
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	37,314.
	_

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

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

CONNECT	CICUT FOOD BANK, IN	C.			06-1063	number
	- Complete if the organization answer		'es" or	n Form 990, Part IV, i		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (includ irofessi	non-g gover aising ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	ustody trolof	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			i			
				<u></u> .		
Total			•			
 List all states in which the organizatio or licensing. 	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is exempt from re	gistration
	· · · · · · · · · · · · · · · · · · ·	_		· ·		
		_				
		-				
LHA For Paperwork Reduction Act Notice	ce, see the Instructions for Form 9	90 or 9	990-E	z. s	Schedule G (Form 9	90 or 990-EZ) 2016

b If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 CONNECTICUT FOOD BANK, INC.	06-1063025 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address >	
16 Gaming manager information:	
Name ▶	
Name -	
Gaming manager compensation > \$	
Description of any income and ideal N	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	<u>.</u>
	······································
632083 09-12-16 Schedu	le G (Form 990 or 990-EZ) 2016

Schedule G	(Form 990 or 990-EZ)	CONNECTICUT	FOOD	BANK,	INC.	06-1063025	Page 4
Part IV	Supplemental Info	CONNECTICUT ormation (continued)					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

CONNECTICUT FOOD BANK, INC.

Questions Regarding Compensation

Employer identification number

06-1063025

Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
establish compensation of the CEO/Executive Director, but explain in Part III.	71.0 Sep.
X Compensation committee Written employment contract	
X Independent compensation consultant X Compensation survey or study	
X Form 990 of other organizations X Approval by the board or compensation committee	1
4. During the year did any necessiteted on Ferm 000 Pert VIII Continue A. France A. Village and G. Village and	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	1
a Receive a severance payment or change-of-control payment?	<u> </u>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	M
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	M Higher
a The organization?5a	X
b Any related organization?	Х
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of:	
a The organization?	X
b Any related organization?	Х
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	T
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)?	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part !! Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BERNARD BEAUDREAU	(i)	185,640.	0.	0.	3,713.	16,591.	205,944.	0.
CEO	<u>](ii)</u>	0.	0.	0.	0.	0.	0.	0.
(2) PAUL O'LEARY	(i)	139,558.	0.	0.	2,791.	19,710.	162,059.	0.
<u></u>	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARYKATE CAROFANO	(i)	140,344.	0.	0.	2,807.	7,784.	150,935.	0.
СДО	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)		<u>.</u>					
	(i)							
	(ii)							
	(i)			<u>.</u>				 _
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)	<u> </u>						
	(ii)							
	(i)							<u> </u>
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Schedule J (Form 990) 2016	CONNECTICUT	FOOD BANK	INC.		06-1063025	D 0
Part III Supplemental Informa	tion					Page 3
Provide the information, explanat	ion, or descriptions required	for Part I, lines 1a, 1	b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this par	for any additional information	
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

2016

pen To Public Inspection

Name of the organization

CONNECTICUT FOOD BANK, INC.

Employer identification number 06-1063025

Pa	rt I Types of Property	-		<u>-</u>			<u> </u>	
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d Method of d noncash contrib	letermir		ts
1	Art - Works of art		items contributed	Form 990, Part VIII, line 1q				
2	and the second second							
3	***************************************							_
4	Art - Fractional interests Books and publications				<u></u>			
5	Clothing and household goods			<u> </u>				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	<u>-</u>		<u>.</u>	·-			
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •								
12		<u> </u>		-				
13	Securities - Miscellaneous Qualified conservation contribution -	- -	-					
10								
14	Qualified conservation contribution · Other							
15								
16	Real estate - Commercial							
17	Real estate - Other			<u> </u>	-			
18	Collectibles	<u> </u>		20 AEC E01	ATO MILOT DO			
19	Food inventory			39,456,591.	AVG WHOLESE	TE	VAL	JE:
20	Drugs and medical supplies						_	
21	Taxidermy						_	
22	Historical artifacts						_	
23	Scientific specimens						_	
24	Archeological artifacts						_	
25	Other ()							
26	Other ()				-			
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	_						
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement <u>29</u>			_	
	B : 4						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date						1	
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.				_			
31	Does the organization have a gift acceptance p				ons?	31		X
32a	Does the organization hire or use third parties of							
	contributions?	•••••				32a		X
	If "Yes," describe in Part II.							İ
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	keđ,			
	describe in Part II.					┸┸┛		
LHA	For Paperwork Reduction Act Notice, see t	the Instructi	ons for Form 990.	•	Schedule M	(Form	990) (2016)

Schedule M	(Form 990) (2016)	CONNECTICU Information. Pr	T FOOD	BANK,	INC.		<u>06-1063</u>	025	Page 2
Part II	is reporting in Pan	l Information. Pr t I, column (b), the nu dditional information.	mber of contri	mation requibutions, the	ired by Part I, li number of item	nes 30b, 32b, ar ns received, or a	nd 33, and whether the combination of both.	e organizat Also comp	ion lete
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Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/iform990.

OMB No. 1545-0047 Inspection

Name of the organization

CONNECTICUT FOOD BANK TNC Employer identification number -1063025

00-1003025
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NON-PROFIT AGENCIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FOOD PRODUCTS TO MORE THAN 650 SOUP KITCHENS, SHELTERS, FOOD PANTRIES
AND CHILDRENS AND SENIOR PROGRAMS IN FAIRFIELD, LITCHFIELD, MIDDLESEX,
NEW HAVEN, NEW LONDON, AND WINDHAM COUNTIES.
A NEW PROGRAM CALLED CSFP WAS CREATED. THIS PROGRAM IS A COMMODITY
SUPPLEMENTAL FOOD PROGRAM THAT SERVES LOW INCOME SENIOR CITIZENS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS PREPARED BY OUR EXTERNAL ACCOUNTING FIRM AND PRESENTED TO
THE ORGANIZATION'S MANAGEMENT FOR REVIEW. THE REVIEWED FORM 990 WAS THEN
PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL TO FILE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY, AND UPDATE THE FORM AT ANY
TIME THAT THE INTEREST BECOMES A MATTER OF DISCUSSION BY THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, A SUB-COMMITTEE OF
BOARD MEMBERS TO ANALYZE TOP MANAGEMENT'S COMPENSATION. COMPARATIVE TOOLS
INCLUDING CONSULTANTS AND MARKET ANALYSIS ARE USED.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Attachment Sequence No. 179

Maximum amount (see instructions)	CONNECTICUT FOOD BAN			ORM 990 P.			06-1063025
2 Total cost of section 179 property placed in service (see instructions) 3 2,010,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 5 Certain instruction is see, distinative 4 facilities 1, face or less, enter -0 6 00 (1997) Placed on 1997 (1997) 7 Listed property. Enter the amount from line 2.9 7 Listed property. Enter the amount from line 2.9 8 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction. Enter the smaller of line 5 or line 8 9 Territative deduction institution. Enter the smaller of line 5 or line 8 9 Territative deduction institution. Enter the smaller of line 5 or line 8 9 Territative deduction institution. Enter the smaller of line 5 or line 8 9 Territative deduction institution. Enter the smaller of line 5 or line 8 9 Territative deduction institution. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction to 2017. Add lines 9 and 10, lens fine 10 state 1 lines 1 li	Part Election To Expense Certain Pro	operty Under Section 17	9 Note: If you have an	y listed property, o	complete Part	V before y	
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	3 For assets shown above and placed	in service during the					

616251 12-21-16 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

<u>24</u>	Section A -	Depreciatio	n and Other (nforma	ition (Ca	ution: 3	see the	nstruct	ions for li	mits for	passeng	ger autoi	mobiles.)		
	a Do you have evidence to s						es		24b lf "Y					Yes	N
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or ther basis	(bu	(e) sis for depr siness/inve use onl	stment	(f) Recovery period	Me	(g) thod/ rention	Depr	(h) eciation luction	secti	(i) octed on 179
<u></u>	Special depreciation allo	wance for qu			y placed i	n servic	e during	the tax	year and	<u></u>				<u> </u>	ost
	used more than 50% in a										25				
<u> 26</u>	Property used more than										•	-			
_			9	6											
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<u>27</u>	Property used 50% or le	ss in a qualifi	ed business u	se:											
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29	Add amounts in column	(I), IITIE 26. EI									**********		29		
C~	malata this costion for yel	hiolog wood b			B - Infori										
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10 }	our employees, first ansv	ver the quest	ions in Section	n C to s	see if you	meet a	u exceb	tion to c	completin	g this se	ction fo	r those	vehicles.		
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20	Total business/investment n	nilaa driwan du	ring the	-	a) bists	-	b)	ı	(c)	(6	-		(e)	(1	
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21	Total commuting miles d								_			 			
	Total other personal (non								-			 			
<u> </u>	driven	Ų,													
33	Total miles driven during			_	-					_		 			
-	Add lines 30 through 32	•													
34	Was the vehicle available	for personal	use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			1		1	1,44		-100	1,30	100	110	1	110	163	140
35	Was the vehicle used pri							·							
	than 5% owner or related	_											1		
	tran 570 Owner or related	i person?													
36	Is another vehicle availab												<u> </u>	1	-
36		le for person	al												-
36	Is another vehicle availab	le for person	al	r Empl	oyers Wi	no Prov	ide Veh	icles fo	r Use by	Their E	mploye	es	_		
	Is another vehicle availabuse?	le for person Section C -	al Questions fo										ren't mor	e than 6	5%
Ans	Is another vehicle availab- use? wer these questions to de- ners or related persons.	Section C -	Questions fo	ception	to comp	leting S	ection B	for veh	icles use	d by em	oloyees	who a	ren't moi	re than 5	6%
Ans	Is another vehicle availabuse?	Section C -	Questions fo	ception	to comp	leting S	ection B	for veh	icles use	d by em	oloyees	who a	ren't mor	re than 6	% No
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Form 4562 (2016)