

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
MAZON A Jewish Response to Hunger

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
10850 WILSHIRE BLVD No 400

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90024

D Employer identification number
22-2624532

E Telephone number
(310) 442-0020

G Gross receipts \$ 7,449,536

F Name and address of principal officer
ABBY J LEIBMAN
10850 WILSHIRE BLVD No 400
LOS ANGELES, CA 90024

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ mazon.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1985 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO END HUNGER AMONG PEOPLE OF ALL FAITHS AND BACKGROUNDS IN THE UNITED STATES AND ISRAEL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	20
6 Total number of volunteers (estimate if necessary)	21
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,035,634	7,299,821
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,432	20,143
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-57,076
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,053,066	7,262,888
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,913,037	2,039,291
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,035,068	2,040,767
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 728,316		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,433,168	2,781,673
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,381,273	6,861,731
19 Revenue less expenses Subtract line 18 from line 12	-328,207	401,157

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,354,450	3,770,573
21 Total liabilities (Part X, line 26)	495,181	280,126
22 Net assets or fund balances Subtract line 21 from line 20	2,859,269	3,490,447

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2017-10-24
ABBY J LEIBMAN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Thomas Schulte Preparer's signature: Thomas Schulte Date: _____
Check if self-employed PTIN: P00637812
Firm's name: Armanino LLP Firm's EIN: 94-6214841
Firm's address: 11766 Wilshire Blvd 9th Floor Los Angeles, CA 90025 Phone no: (310) 478-4148

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MAZON A Jewish Response to Hunger (the Organization) is a national nonprofit working to end hunger among people of all faiths and backgrounds in the United States and Israel MAZON, which means "food" in Hebrew, was the first national organization to rally the American Jewish community around the issue of hunger, and remains the only national Jewish organization dedicated exclusively to that same cause Since its founding in 1985, the Organization has established itself as a leader in the national anti-hunger movement The Organization founded and continues to chair NAHO (National Association of Hunger Organizations) and participates in a number of other anti-hunger and interfaith coalitions It also works in close collaboration with interfaith agencies of all denominations to advocate on behalf of hungry families nationwide

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 5,665,222 including grants of \$ 2,039,291) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,665,222

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 []

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, AZ, CO, CT, FL, GA, IL, MD, MA, MI, MN, NC, NH, NJ, NY, OH, OR, PA, TX, VA, WA, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 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; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (BARB GREEN 10850 WILSHIRE BLVD 400 LOS ANGELES, CA 90024 (310) 442-0020)

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHIRLEY DAVIDOFF BOARD CHAIR	1 00	X		X				0	0	0
(2) LIZ KANTOR GROSKIND BOARD VICE CHAIR	1 00	X		X				0	0	0
(3) RABBI JOEL PITKOWSKY BOARD SECRETARY	1 00	X		X				0	0	0
(4) BARBARA WAHL ROSOVE BOARD TREASURER	1 00	X		X				0	0	0
(5) ROBERT L BERGEN DIRECTOR	0 50	X						0	0	0
(6) ADAM L BERGER DIRECTOR	0 50	X						0	0	0
(7) JEREMY FEIGENBAUM DIRECTOR	0 50	X						0	0	0
(8) LOIS FRANK DIRECTOR	0 50	X						0	0	0
(9) RABBI HAROLD KRAVITZ DIRECTOR	0 50	X						0	0	0
(10) STEVEN KRIKAVA DIRECTOR	0 50	X						0	0	0
(11) RUTH LAIBSON DIRECTOR	0 50	X						0	0	0
(12) PHYLLIS SAVAR LEVY DIRECTOR	0 50	X						0	0	0
(13) THEODORE R MANN DIRECTOR	0 50	X						0	0	0
(14) ANA MENDELSON DIRECTOR	0 50	X						0	0	0
(15) DAVID NAPELL DIRECTOR	0 50	X						0	0	0
(16) MORGAN POWELL DIRECTOR	0 50	X						0	0	0
(17) TALIA ROSEN DIRECTOR	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RABBI JONATHAN STEIN DIRECTOR	0 50	X						0	0	0
(19) ROBIN THOMAS DIRECTOR	0 50	X						0	0	0
(20) CAROLYN SCHWARZ TISDALE DIRECTOR	0 50	X						0	0	0
(21) JENNA WEINBERG DIRECTOR	0 50	X						0	0	0
(22) ABBY J LEIBMAN PRESIDENT & CEO	35 00			X				208,006	0	29,156
(23) MIA HUBBARD VICE PRESIDENT OF PROGRAMS	35 00					X		112,398	0	23,793
(24) BARB GREEN CHIEF OPERATING OFFICER	35 00					X		112,030	0	17,464
(25) JOSHUA PROTAS DIRECTOR OF GOVERNMENT AFF	35 00					X		102,844	0	6,258
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							535,278	0		76,671

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Mobile EX LLC 10850 Wilshire Blvd Los Angeles, CA 90024	Truck lease and tour management	796,813
Marni Gittleman, 10850 Wilshire Blvd Los Angeles, CA 90024	Lead designer on THIS IS HUNGER	156,299

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	42,775				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,257,046				
	g Noncash contributions included in lines 1a-1f \$ _____		66,548				
	h Total. Add lines 1a-1f		7,299,821				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20,143			20,143	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ 42,775 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	19,526			
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			7,262,888	0	0	-36,933	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,745,791	1,745,791		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	293,500	293,500		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	235,868	141,520	47,174	47,174
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,502,574	1,154,847	153,130	194,597
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,217	29,027	3,547	4,643
9 Other employee benefits	137,982	109,922	9,883	18,177
10 Payroll taxes	127,126	94,919	14,469	17,738
11 Fees for services (non-employees)				
a Management				
b Legal	19,637		19,637	
c Accounting	77,268		77,268	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	10,945		10,945	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	513,890	480,650	12,478	20,762
12 Advertising and promotion	8,670	6,866	1,747	57
13 Office expenses	116,335	85,157	17,358	13,820
14 Information technology	136,281	95,242	13,183	27,856
15 Royalties				
16 Occupancy	451,772	339,330	51,651	60,791
17 Travel	151,450	132,690	10,677	8,083
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,475	1,866	288	321
23 Insurance	15,604	11,545	1,822	2,237
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM	800,788	800,788		
b POSTAGE AND PRINTING	290,795	126,048	3,317	161,430
c MAILING LISTS AND GIFT	80,539			80,539
d BANK AND CREDIT CARD	75,186		7,790	67,396
e All other expenses	30,038	15,514	11,829	2,695
25 Total functional expenses. Add lines 1 through 24e	6,861,731	5,665,222	468,193	728,316
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	998,295	1	1,167,361
	2 Savings and temporary cash investments	123,061	2	23,445
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	128,096	9	235,288
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	91,060		
	b Less accumulated depreciation	80,201		
		0	10c	10,859
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	2,104,998	12	2,333,620
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,354,450	16	3,770,573	
Liabilities	17 Accounts payable and accrued expenses	212,181	17	141,840
	18 Grants payable	283,000	18	25,000
	19 Deferred revenue		19	113,286
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	495,181	26	280,126
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,721,374	27	2,617,742
	28 Temporarily restricted net assets	581,345	28	315,905
	29 Permanently restricted net assets	556,550	29	556,800
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,859,269	33	3,490,447
	34 Total liabilities and net assets/fund balances	3,354,450	34	3,770,573

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,262,888
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,861,731
3	Revenue less expenses Subtract line 2 from line 1	3	401,157
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,859,269
5	Net unrealized gains (losses) on investments	5	230,021
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,490,447

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 22-2624532

Name: MAZON A Jewish Response to Hunger

Form 990 (2016)

Form 990, Part III, Line 4a:

Inspired by Jewish values and ideals, MAZON is a national advocacy organization working to end hunger among people of all faiths and backgrounds in the U S and Israel. Its programs identify and address unique hunger issues affecting marginalized and vulnerable communities such as returning veterans and currently-serving military families, rural and remote communities, seniors, and others. In addition, MAZON is committed to improving access to nutritious food throughout the emergency food network. MAZON consistently engages the Jewish community in social justice work to raise awareness about hunger issues and mobilize the community to help end hunger. MAZON uses a number of strategies to accomplish its mission, including (See Schedule O) Outreach & Education. MAZON develops and implements programs and activities to educate communities across the country about the realities of hunger and how they can get involved to help end it. These efforts help to empower and engage individuals, organizations and synagogues in understanding the food insecurity challenges facing the nation and their local communities and opportunities to address those challenges. **FY2017 Highlights** Launched the tour of This is Hunger, a singular outreach and education project about hunger that uses remarkable audio-visual techniques to allow people to tell their own stories of hunger. This is Hunger is traveling the United States in an 18-wheeler truck, stopping in dozens of communities across the country, and educating and activating those communities in the fight to end hunger. Partnered with the Shakopee Mdewakanton Sioux Community and the University of Arkansas School of Law to help strengthen Indian Country food systems and improve access to healthy and traditional foods by advancing policy change at the federal and tribal level. Hosted, in partnership with USDA Food and Nutrition Service, a webinar training on veteran food insecurity and SNAP offered to more than 12,000 VA social workers and dietitians in the VA system. Launched its new LGBT Senior Initiative, aimed at surfacing and addressing the unique barriers experienced by this particularly vulnerable population in accessing nutrition support services in their communities. Conducted national food bank survey to assess the impact of nutrition policies and practices influencing the distribution of healthy food through the charitable food system. Conducted an environmental scan examining food insecurity and poverty in Israel to identify the root causes of food insecurity and poverty, as well as the role played in continuing or mitigating these root causes by the Israeli government. Partnership Grants. MAZON makes annual partnership grants that help carefully screened partner organizations work with MAZON to end food insecurity in their communities. Since awarding its first grants in 1986, the organization has awarded grants totaling more than \$80 million to partners who represent the entire spectrum of the nation's anti-hunger network. **FY2017 Highlights** After an extensive review process conducted by both MAZON staff and its Board of Directors, a total of 143 organizations were selected for funding. 131 representing 43 states and the District of Columbia along with 12 organizations in Israel, including four new U S grantees. **Advocacy** The American Jewish community has a unique ability to mobilize for social justice. Throughout its 32-year history, MAZON has built strong partnerships with synagogues and other Jewish organizations to uphold our collective responsibility for the 42.2 million men, women and children in America who struggle with food insecurity. **FY2017 Highlights** Joined tribal officials and Native food policy advocates for a series of meetings to advise the new administration on how to improve FDIPIR (Food Distribution Program on Indian Reservations). MAZON was the only non-native organization invited to participate in these important high-level meetings. Testified before Congress as an expert witness on hunger among military and veteran families. Advocated successfully for inclusion of veteran food insecurity in the USDA 2017 Strategic Plan. Engaged supporters and synagogues in organizing advocacy campaigns in several states through MAZON's Advocacy Project (MAP). Many of these efforts led to policy successes making federal nutrition programs easier to access for vulnerable populations, including seniors and children. Co-sponsored two pieces of legislation in California (AB 214 and 453), both of which have been signed into law by the governor, addressing college hunger by removing barriers and simplifying the administration of the CalFresh program for college students and providing the UC, CSU, and California community college systems each a one-time \$2.5 million award to develop student meal credit sharing programs (based on the Swipe Out Hunger model), create campus food pantries, and designate employees to assist students with CalFresh enrollment. The organization raises funds by requesting donations from the American Jewish community and soliciting grants and donations from Foundations and corporations. The Organization has nearly 1,000 synagogue partners nationwide and strong relationships with the organizing bodies of the Reform, Reconstructionist and Conservative movements as well as a broad spectrum of other Jewish organizations and anti-hunger organizations.

SCHEDULE A
(Form 990 or
990EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MAZON A Jewish Response to Hunger

Employer identification number

22-2624532

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4 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 _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,386,486	7,741,478	7,097,559	8,035,634	7,319,347	36,580,504
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,386,486	7,741,478	7,097,559	8,035,634	7,319,347	36,580,504
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						428,394
6	Public support. Subtract line 5 from line 4						36,152,110

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	6,386,486	7,741,478	7,097,559	8,035,634	7,319,347	36,580,504
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,944	24,201	17,649	17,432	20,143	103,369
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.)	-3,586					-3,586
11	Total support. Add lines 7 through 10						36,680,287
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.560%
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	98.560%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 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 line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

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

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

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

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

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MAZON A Jewish Response to Hunger	Employer identification number 22-2624532
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	51,500													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	10,887													
c Total lobbying expenditures (add lines 1a and 1b)	62,387													
d Other exempt purpose expenditures	6,799,344													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,861,731													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	493,087													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	123,272													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	550,646	531,590	569,064	493,087	2,144,387
b Lobbying ceiling amount (150% of line 2a, column(e))					3,216,581
c Total lobbying expenditures	46,936	58,727	39,210	62,387	207,260
d Grassroots nontaxable amount	137,662	132,898	142,266	123,272	536,098
e Grassroots ceiling amount (150% of line 2d, column (e))					804,147
f Grassroots lobbying expenditures	6,095	50,000	9,210	51,500	116,805

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: MAZON A Jewish Response to Hunger; Employer identification number: 22-2624532

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for 'Held at the End of the Year' (2a-2d), and questions 3-9.

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.

Form with questions 1a, 1b, 2, and 3 regarding art and historical treasures, including dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	556,550	2,300,783	2,433,195	2,212,599	1,987,974
b Contributions	250			14,100	
c Net investment earnings, gains, and losses	62,364	4,217	-2,233	331,972	234,658
d Grants or scholarships		4,217			
e Other expenditures for facilities and programs	27,834	1,744,233	118,452	114,410	
f Administrative expenses	2,743		11,727	11,066	10,033
g End of year balance	588,587	556,550	2,300,783	2,433,195	2,212,599

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 94 600 %
 - c** Temporarily restricted endowment ▶ 5 400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,254	617	6,637
d Equipment		83,806	79,584	4,222
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,859

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) JEWISH COMMUNITY FOUNDATION COMMON INVESTMENT POOL	2,333,620	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,333,620	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(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 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,496,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	230,021
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	14,301
e	Add lines 2a through 2d	2e	244,322
3	Subtract line 2e from line 1	3	7,251,943
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,945
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	10,945
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,262,888

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,865,087
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	14,301
e	Add lines 2a through 2d	2e	14,301
3	Subtract line 2e from line 1	3	6,850,786
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,945
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	10,945
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,861,731

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2624532

Name: MAZON A Jewish Response to Hunger

Supplemental Information

Return Reference	Explanation
Part V, Line 4	THE PERMANENTLY RESTRICTED ENDOWMENT HAS BEEN PERMANENTLY RESTRICTED BY THE DONORS EARNINGS FROM THE PERMANENTLY RESTRICTED ENDOWMENT ARE TO BE APPROPRIATED FOR GENERAL OPERATIONS OF THE ORGANIZATION DURING THE YEAR ENDED JUNE 30, 2016, THE BOARD OF DIRECTORS UNDESIGNATED THE PREVIOUS UNRESTRICTED BOARD-DESIGNATED QUASI-ENDOWMENT

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Fundraising Event Expenses 14,301

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Fundraising Event Expenses 14,301

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
MAZON A Jewish Response to Hunger

Employer identification number

22-2624532

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	GRANT MAKING	WORKING TO END HUNGER	293,500
3a Sub-total	0	0			293,500
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			293,500

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Part I, Line 2	A FINAL WRITTEN REPORT IS REQUIRED FROM ALL ORGANIZATIONS THAT HAVE RECEIVED A GRANT FROM THE ORGANIZATION THE REPORT REQUIRES A NARRATIVE AND FINANCIAL ACCOUNT (IN U S DOLLARS) OF WHAT WAS ACCOMPLISHED BY THE EXPENDITURE OF THE GRANT FUNDS DURING THE PERIOD COVERED BY THE GRANT TO ENSURE COMPLIANCE BY GRANTEEES, THEY ARE REQUIRED TO SIGN A GRANT CONTRACT THAT BINDS THEM TO PROVIDE A REPORT ON ACTIVITIES PERFORMED WITH THE GRANT THE ORGANIZATION ALSO USES PHONE CALLS, EMAILS AND LETTER COMMUNICATIONS TO MONITOR THE GRANTEEES FUNDS IN OCTOBER 2016, MAZON CONTRACTED WITH AN ISRAEL PROGRAM DIRECTOR WHO WILL BE BASED IN ISRAEL TO MEET WITH GRANTEEES ON A REGULAR BASIS AND PARTNER WITH THEM ON APPROPRIATE EFFORTS

Additional Data

Software ID:

Software Version:

EIN: 22-2624532

Name: MAZON A Jewish Response to Hunger

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	15,000	WIRE			
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	10,000	WIRE			
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	31,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	7,500	WIRE			
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	35,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	WORKING TO END HUNGER	35,000	WIRE			
		Middle East and North Africa	WORKING TO END HUNGER	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	WORKING TO END HUNGER	25,000	WIRE			
		Middle East and North Africa	WORKING TO END HUNGER	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	WORKING TO END HUNGER	25,000	WIRE			
		Middle East and North Africa	WORKING TO END HUNGER	35,000	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MAZON A Jewish Response to Hunger

Employer identification number
22-2624532

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		THIS IS HUNGER OPENING NIGHT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	62,301			62,301
2	Less Contributions	42,775			42,775
3	Gross income (line 1 minus line 2)	19,526			19,526
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,000			13,000
	7 Food and beverages	17,400			17,400
	8 Entertainment	2,126			2,126
	9 Other direct expenses	44,076			44,076
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				76,602
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-57,076

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 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	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

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 amount 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 ▶

Gaming manager compensation ▶ \$

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
MAZON A Jewish Response to Hunger

Employer identification number
22-2624532

Part I

General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	To ensure compliance by grantees, they are required to sign a grant contract that binds them to provide a report on activities performed with the grant funds. The organization monitors the ongoing use of grant funds by grant recipients using phone calls, emails, letters, and site visits. A final written report is required from all organizations that have received a grant from the organization. The report requires a narrative of what was accomplished and financial accounting (in US dollars) of the expenditure of the grant funds during the period covered by the grant.

Additional Data

Software ID:

Software Version:

EIN: 22-2624532

Name: MAZON A Jewish Response to Hunger

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alabama Appleseed Center for Law & Justice Inc 309 N Hull St Montgomery, AL 36104	06-1647437	501(c)(3)	7,000				WORKING TO END HUNGER
Alabama Food Bank Association PO Box 18607 Huntsville, AL 35804	27-1591801	501(c)(3)	10,500				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alameda County Community Food Bank Inc 7900 Edgewater Dr Oakland, CA 94621	94-2960297	501(c)(3)	10,000				WORKING TO END HUNGER
All Faiths Food Bank 8171 Blaikie Ct Sarasota, FL 34240	65-0115814	501(c)(3)	7,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Friends Service Committee 1201 Porter Creek Milton, WV 25541	23-1352010	501(c)(3)	10,000				WORKING TO END HUNGER
Arkansas Foodbank 4301 W 65th St Little Rock, AR 72205	71-0596734	501(c)(3)	7,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arkansas Hunger Relief Alliance 1400 W Markham St Ste 304 Little Rock, AR 72201	30-0254995	501(c)(3)	14,000				WORKING TO END HUNGER
Association of Arizona Food Banks Inc 2100 N Central Ave Phoenix, AZ 85004	86-0507679	501(c)(3)	28,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Association of Food Banks 1624 Franklin St Ste 722 Oakland, CA 94612	68-0392816	501(c)(3)	26,500				WORKING TO END HUNGER
Center for Food Action in New Jersey Inc 192 West Demarest Ave Englewood, NJ 07631	22-2189072	501(c)(3)	10,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Public Policy Priorities 7020 Easy Wind Dr 200 Austin, TX 78752	74-2898197	501(c)(3)	28,000				WORKING TO END HUNGER
Central Pennsylvania Food Bank 3908 Corey Rd Harrisburg, PA 171095928	23-2202250	501(c)(3)	7,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Alliance 718 6th Ave S Seattle, WA 98104	91-0982879	501(c)(3)	20,000				WORKING TO END HUNGER
Children's Hunger Alliance 1105 Schrock Rd Ste 505 Columbus, OH 43229	23-7303509	501(c)(3)	14,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Center on Law and Poverty 789 Sherman St Ste 300 Denver, CO 80203	84-1264154	501(c)(3)	10,000				WORKING TO END HUNGER
Community Action Committee of the Lehigh Valley Inc 1337 East Fifth St Bethlehem, PA 18015	23-1669589	501(c)(3)	7,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Food Advocates 110 Wall St New York, NY 10005	27-1764219	501(c)(3)	14,000				WORKING TO END HUNGER
Community Food Bank of Eastern Oklahoma Inc 1304 N Kenosha Ave Tulsa, OK 74106	73-1184980	501(c)(3)	15,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Legal Services Inc 1424 Chestnut St Philadelphia, PA 19102	23-1671562	501(c)(3)	24,500				WORKING TO END HUNGER
Community Servings Inc 18 Marbury Ter Jamaica Plain, MA 021304529	22-3154028	501(c)(3)	8,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Council of Senior Citizen Centers of New York City Inc 49 West 45th St 7th Floor New York, NY 10036	13-2967277	501(c)(3)	10,000				WORKING TO END HUNGER
Empire Justice Center Inc 119 Washington Ave Albany, NY 122102243	16-1487925	501(c)(3)	24,500				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Empower Missouri 308 E High St Ste 100 Jefferson City, MO 65101	44-0547548	501(c)(3)	14,000				WORKING TO END HUNGER
End Hunger Connecticut Inc 65 Hungerford St Hartford, CT 061061425	06-1545835	501(c)(3)	20,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Federation of Virginia Food Banks 800 Tidewater Dr Norfolk, VA 23504	54-1388664	501(c)(3)	10,000				WORKING TO END HUNGER
Feeding America Southwest Virginia 1025 Electric Rd Salem, VA 24153	54-1939556	501(c)(3)	10,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feeding Indiana's Hungry 8425 Keystone Crossing Ste 220A Indianapolis, IN 46240	20-3073635	501(c)(3)	10,000				WORKING TO END HUNGER
Feeding Texas 1524 S Interstate 35 Ste 342 Austin, TX 78704	74-2762542	501(c)(3)	24,500				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feeding the Gulf Coast 5248 Mobile South St Theodore, AL 36582	63-0821997	501(c)(3)	17,500				WORKING TO END HUNGER
Florida Impact Inc PO Box 14004 Tallahassee, FL 32317	59-2859151	501(c)(3)	28,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOCUS Churches of Albany Inc 275 State St Albany, NY 12210	30-0257933	501(c)(3)	14,000				WORKING TO END HUNGER
Food Bank Coalition of San Luis Obispo County 1180 Kendall Rd San Luis Obispo, CA 93401	77-0210727	501(c)(3)	10,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food Bank Contra Costa and Solano 4010 Nelson Ave Concord, CA 94520	94-2418054	501(c)(3)	7,000				WORKING TO END HUNGER
Food Bank Council of Michigan Inc 330 Marshall St Ste 102 Lansing, MI 48912	38-2515765	501(c)(3)	24,500				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food Bank for the Heartland 10525 J St Omaha, NE 68127	47-0637701	501(c)(3)	7,000				WORKING TO END HUNGER
Food Bank of Alaska Inc 2121 Spar Ave Anchorage, AK 99501	92-0073175	501(c)(3)	15,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food Bank of Central & Eastern North Carolina Inc 1924 Capital Blvd Raleigh, NC 27604	56-1283426	501(c)(3)	7,000				WORKING TO END HUNGER
Food Bank of Central New York 7066 Interstate Island Rd Syracuse, NY 13104	22-2816988	501(c)(3)	10,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food Bank of Delaware Inc 14 Garfield Way Newark, DE 19713	51-0258984	501(c)(3)	7,000				WORKING TO END HUNGER
FOOD for Lane County 770 Bailey Hill Rd Eugene, OR 97402	93-0888347	501(c)(3)	8,000				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Food For People Inc 307 W 14th St Eureka, CA 95501	94-2772549	501(c)(3)	10,000				WORKING TO END HUNGER
Food Lifeline 815 S 96th St Seattle, WA 98108	91-1090450	501(c)(3)	15,000				WORKING TO END HUNGER

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FOODSHARE INC 450 Woodland Ave Bloomfield, CT 06066	22-2474771	501(c)(3)	14,000				WORKING TO END HUNGER
Fresno Metropolitan Ministry 4270 N Blackstone Ave Ste 212 Fresno, CA 93726	94-2181848	501(c)(3)	7,000				WORKING TO END HUNGER

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Georgia Budget and Policy Institute 100 Edgewood Ave Atlanta, GA 30303	55-0860376	501(c)(3)	20,000				WORKING TO END HUNGER
God's Love We Deliver Inc 166 Ave of the Americas New York, NY 10013	13-3366846	501(c)(3)	17,500				WORKING TO END HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Great Plains Food Bank 1720 3rd Ave N Fargo, ND 58102	47-2229589	501(c)(3)	14,000				WORKING TO END HUNGER
Health and Welfare Council of Long Island Inc 150 Broad Hollow Rd Ste 118 Melville, NY 11747	11-1858098	501(c)(3)	20,000				WORKING TO END HUNGER

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Houston Food Bank 535 Portwall St Houston, TX 77029	74-2181456	501(c)(3)	10,000				WORKING TO END HUNGER
Hunger Action Network of New York State 275 State St Albany, NY 12210	14-1674840	501(c)(3)	10,000				WORKING TO END HUNGER

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Hunger Free Colorado 1801 Williams St Ste 200 Denver, CO 80218	68-0551464	501(c)(3)	24,500				WORKING TO END HUNGER
Hunger Free Vermont 38 Eastwood Dr Ste 100 South Burlington, VT 054034403	03-0336357	501(c)(3)	17,500				WORKING TO END HUNGER

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Hunger Solutions Minnesota 555 Park St Ste 400 St Paul, MN 55103	36-3567366	501(c)(3)	17,500				WORKING TO END HUNGER
Hunger Solutions New York Inc 14 Computer Dr East 2nd Floor Albany, NY 12205	22-2954760	501(c)(3)	20,000				WORKING TO END HUNGER

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Hunger Task Force of Milwaukee Inc 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501(c)(3)	10,000				WORKING TO END HUNGER
West Central Highlands Resource Conservation and Development Council Incorp 1805 Highway 16 Emmett, ID 83617	82-0447115	501(c)(3)	28,000				WORKING TO END HUNGER

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Illinois Hunger Coalition 205 W Monroe St Ste 310 Chicago, IL 60608	37-1251831	501(c)(3)	28,000				WORKING TO END HUNGER
Island Harvest Ltd 15 Grumman Rd W Ste 1450 Bethpage, NY 11714	11-3136350	501(c)(3)	7,000				WORKING TO END HUNGER

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Jewish Family Service 1601 16th Ave Seattle, WA 98122	91-0565537	501(c)(3)	10,000				WORKING TO END HUNGER
Just Harvest Education Fund 16 Terminal Way Pittsburgh, PA 15219	25-1555571	501(c)(3)	17,500				WORKING TO END HUNGER

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Kansas Action for Children 720 SW Jackson St Topeka, KS 66603	48-0879502	501(c)(3)	7,000				WORKING TO END HUNGER
Kansas Appleseed Center for Law and Justice Inc 1535 W 15th St Lawrence, KS 66045	48-1219759	501(c)(3)	10,000				WORKING TO END HUNGER

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Kentucky Association of Food Banks Inc PO Box 1824 Berea, KY 40403	61-1398656	501(c)(3)	24,500				WORKING TO END HUNGER
Legal Aid Society of Middle Tennessee and the Cumberlands 300 Deaderick St Nashville, TN 372011103	62-0800756	501(c)(3)	11,900				WORKING TO END HUNGER

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Legal Services of Eastern MO Inc 4232 Forest Park Ave St Louis, MO 63108	43-0816805	501(c)(3)	10,000				WORKING TO END HUNGER
Louisiana Budget Project 144 Maximillian St Baton Rouge, LA 70802	46-3872778	501(c)(3)	10,000				WORKING TO END HUNGER

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Louisiana Food Bank Association Inc 543 Spanish Town Rd Baton Rouge, LA 70802	27-0667900	501(c)(3)	15,000				WORKING TO END HUNGER
Lowcountry Food Bank Inc 2864 Azalea Dr Charleston, SC 29405	57-0751835	501(c)(3)	12,600				WORKING TO END HUNGER

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Maine Equal Justice Partners Inc 126 Sewall St Augusta, ME 04330	04-3346273	501(c)(3)	28,000				WORKING TO END HUNGER
Manna Food Bank Inc 627 Swannanoa River Rd Asheville, NC 28805	58-1514800	501(c)(3)	10,000				WORKING TO END HUNGER

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Massachusetts Law Reform Institute Inc 40 Ct St Ste 800 Boston, MA 02108	04-6004303	501(c)(3)	28,000				WORKING TO END HUNGER
Michigan League for Public Policy 1223 Turner St Ste G1 Lansing, MI 489064369	38-1360557	501(c)(3)	10,000				WORKING TO END HUNGER

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Mid-Minnesota Legal Assistance Incorporated 2324 University Ave W 101 St Paul, MN 55124	41-1412710	501(c)(3)	20,000				WORKING TO END HUNGER
Mid-South Food Bank 239 South Dudley St Memphis, TN 38104	62-1340755	501(c)(3)	7,000				WORKING TO END HUNGER

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Migrant Legal Action Program Inc 1001 Connecticut Ave NW Ste 915 Washington, DC 20036	52-0913158	501(c)(3)	24,500				WORKING TO END HUNGER
Missoula Food Bank Inc 219 S 3rd St W Missoula, MT 59801	81-0414143	501(c)(3)	10,000				WORKING TO END HUNGER

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Mooresburg Community Association 318 McNeil Cir Mooresburg, TN 378115335	94-3415621	501(c)(3)	7,000				WORKING TO END HUNGER
Mother Hubbard's Cupboard 1100 West Allen St Bloomington, IN 474034793	35-2082414	501(c)(3)	10,000				WORKING TO END HUNGER

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National CSFP Association 4017 Washington Rd - PMB-213 McMurray, PA 15317	86-0916798	501(c)(3)	10,000				WORKING TO END HUNGER
Nebraska Appleseed Center for Law in the Public Interest Inc 941 O St Ste 920 Lincoln, NE 68508	47-0798343	501(c)(3)	10,000				WORKING TO END HUNGER

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Neighbors Together Corp 2094 Fulton St Brooklyn, NY 11233	11-2632109	501(c)(3)	10,000				WORKING TO END HUNGER
New Mexico Appleseed 600 Central Ave SE Ste 200 Albuquerque, NM 87501	20-4985257	501(c)(3)	11,900				WORKING TO END HUNGER

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New Mexico Center on Law and Poverty Inc 924 Park Ave SW Ste C Albuquerque, NM 87102	85-0437960	501(c)(3)	31,500				WORKING TO END HUNGER
Northwest Harvest E M M P O Box 12272 Seattle, WA 98102	91-0826037	501(c)(3)	11,900				WORKING TO END HUNGER

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Ohio Association of Foodbanks 101 E Town St Ste 540 Columbus, OH 43215	34-1677838	501(c)(3)	20,000				WORKING TO END HUNGER
Oklahoma Policy Institute 907 S Detroit Ave Ste 1005 Tulsa, OK 741204265	33-1178624	501(c)(3)	11,900				WORKING TO END HUNGER

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Oregon Food Bank Inc 7900 NE 33rd Dr Portland, OR 97211	93-0785786	501(c)(3)	10,000				WORKING TO END HUNGER
Partners for a Hunger-Free Oregon 712 SE Hawthorne Blvd 202 Portland, OR 97214	20-4970868	501(c)(3)	20,000				WORKING TO END HUNGER

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Pennsylvania Association of Regional Food Banks 4050 Washington Rd Ste 1F Mcmurray, PA 153172543	23-2303821	501(c)(3)	10,000				WORKING TO END HUNGER
Preble Street 38 Preble St Portland, ME 04101	01-0418917	501(c)(3)	10,000				WORKING TO END HUNGER

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Regional Food Bank of Oklahoma Inc 3355 S Purdue Oklahoma City, OK 73139	73-1100380	501(c)(3)	19,000				WORKING TO END HUNGER
Rhode Island Community Food Bank Association 200 Niantic Ave Providence, RI 029073150	05-0395601	501(c)(3)	10,000				WORKING TO END HUNGER

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San Diego Hunger Coalition 4305 University Ave Ste 545 San Diego, CA 92105	30-0507718	501(c)(3)	11,900				WORKING TO END HUNGER
San Francisco Food Bank 900 Pennsylvania Ave San Francisco, CA 94107	94-3041517	501(c)(3)	10,000				WORKING TO END HUNGER

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Second Harvest Food Bank of Northwest North Carolina Inc 3655 Reed St WinstonSalem, NC 27107	58-1457912	501(c)(3)	9,000				WORKING TO END HUNGER
Second Harvest Food Bank of Santa Clara and San Mateo Counties 750 Curtner Ave San Jose, CA 95125	94-2614101	501(c)(3)	10,000				WORKING TO END HUNGER

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Second Harvest Food Bank Serving Santa Cruz and San Benito Counties 800 Ohlone Pkwy Watsonville, CA 95076	77-0326685	501(c)(3)	10,000				WORKING TO END HUNGER
South Carolina Appleseed Legal Justice Center 1518 Washington St Columbia, SC 29201	57-1035023	501(c)(3)	33,600				WORKING TO END HUNGER

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Tennessee Justice Center 211 Seventh Ave N Ste 100 Nashville, TN 37219	62-1630417	501(c)(3)	10,000				WORKING TO END HUNGER
The Food Bank of Northern Nevada Inc 1313 Pullman Dr Sparks, NV 894345400	94-2924979	501(c)(3)	10,000				WORKING TO END HUNGER

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The Food Bank of Western Massachusetts Inc 97 North Hatfield Rd Hatfield, MA 010380160	04-2751023	501(c)(3)	7,500				WORKING TO END HUNGER
The Genesee County Legal Aid Society dba Center for Civil Justice 436 South Saginaw St Ste 400 Flint, MI 48502	38-1859780	501(c)(3)	17,500				WORKING TO END HUNGER

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The Greater Boston Food Bank Inc 70 S Bay Ave Boston, MA 021182704	04-2717782	501(c)(3)	7,000				WORKING TO END HUNGER
The Open Door 28 Emerson Ave Gloucester, MA 01930	22-2513482	501(c)(3)	7,000				WORKING TO END HUNGER

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Three Square 4190 N Pecos Rd Las Vegas, NV 891150187	30-0396918	501(c)(3)	10,000				WORKING TO END HUNGER
Treasure Coast Food Bank Incorporated 401 Angle Rd Fort Pierce, FL 34947	65-0123281	501(c)(3)	10,500				WORKING TO END HUNGER

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Utahns Against Hunger 764 South 200 West Salt Lake City, UT 84101	87-0343164	501(c)(3)	10,000				WORKING TO END HUNGER
Vermont Foodbank 33 Parker Rd Barre, VT 056419106	22-3021942	501(c)(3)	12,600				WORKING TO END HUNGER

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Virginia Poverty Law Center Inc 919 E Main St Ste 610 Richmond, VA 23219	54-1093402	501(c)(3)	10,000				WORKING TO END HUNGER
Voices for Children in Nebraska 7521 Main St Ste 103 Omaha, NE 68127	36-3528940	501(c)(3)	10,000				WORKING TO END HUNGER

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Washington Food Coalition PO Box 95752 Seattle, WA 98145	94-3123637	501(c)(3)	14,000				WORKING TO END HUNGER
West Virginia Center on Budget and Policy The Union Building723 Kanawha Blvd E Ste 300 Charleston, WV 253012727	56-2653132	501(c)(3)	10,000				WORKING TO END HUNGER

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West Virginia Healthy Kids and Families Coalition 412 Elizabeth St Charleston, WV 25311	45-2857448	501(c)(3)	10,000				WORKING TO END HUNGER
Western Center on Law and Poverty 3701 Wilshire Blvd Ste 208 Los Angeles, CA 90010	95-2897721	501(c)(3)	28,000				WORKING TO END HUNGER

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Western Region Anti-Hunger Consortium 712 SE Hawthorne Blvd 202 Portland, OR 972143538	20-4970868	501(c)(3)	35,000				WORKING TO END HUNGER
Wisconsin Council of Churches Inc 750 Windsor St Ste 301 Sun Prairie, WI 53590	39-0893722	501(c)(3)	7,000				WORKING TO END HUNGER

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Worcester County Food Bank Inc 474 Boston Turnpike Shrewsbury, MA 01545	04-3071457	501(c)(3)	17,500				WORKING TO END HUNGER

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization MAZON A Jewish Response to Hunger	Employer identification number 22-2624532
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Part I Questions Regarding Compensation

	Yes	No
1a 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABBY J LEIBMAN PRESIDENT & CEO	(i)	208,006	0	0	8,750	20,406	237,162	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

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Department of the Treasury
Internal Revenue Service

Name of the organization
MAZON A Jewish Response to Hunger

Employer identification number
22-2624532

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	39	66,548	QUOTED PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	Yes	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
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b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

MAZON A Jewish Response to Hunger

Employer identification number

22-2624532

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 IS DRAFTED BY AN OUTSIDE CPA, AND THEN REVIEWED AND APPROVED BY MANAGEMENT, IN CONSULTATION WITH THEIR OUTSIDE BOOKKEEPER, AND BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE THE RETURN IS FILED, A COPY IS MADE AVAILABLE TO EACH BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS THE CONFLICT-OF-INTEREST DISCLOSURE PROCESS OFFICERS, DIRECTORS, AND STAFF ARE REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST DISCLOSURE FORM EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE EXECUTIVE COMPENSATION REVIEW AND APPROVAL IS BASED ON RESEARCH OF COMPARABLE COMPENSATION AND DUTIES, IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, AND THEIR DELIBERATION IS CONTEMPORANEOUSLY DOCUMENTED IN A SEMI-PRIVATE LOG OF THE MINUTES OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS AND POLICIES AND FINANCIAL STATEMENTS ARE MAINTAINED AT THE ORGANIZATION'S CORPORATE OFFICE AND ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST IN ADDITION, THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT MAZON.ORG