# Form **990-EZ**

# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**Open to Public** ▶ Do not enter social security numbers on this form, as it may be made public. Inspection ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2019 calenda	ar year, or tax year beginning 01/01 , 2	019, and ending		12/31	, 20 19				
<b>B</b> (	heck if ap	oplicable:	C Name of organization		D Empl	oyer ide	entification number				
	Address c	dress change THE CULTURAL CUP FOOD BANK					81-0622721				
	lame change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele						ımber				
=	Initial retur		PO Box 17521			602	2-266-8370				
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	<u>'</u>	F Grou	ıp Exer	nption				
=		n pending	Phoenix, AZ, 85011		Num	nber ▶	•				
_		ting Method:	✓ Cash	н	Check	▶ ∏ if	the organization is <b>not</b>				
	Vebsite	. •	.culturalcup.com				ach Schedule B				
J T	ax-exen		eck only one) — ✓ 501(c)(3)	)(1) or 527	•		)-EZ, or 990-PF).				
			✓ Corporation ☐ Trust ☐ Association ☐ Otl		`	•	<u>, , , , , , , , , , , , , , , , , , , </u>				
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,00		al assets						
			5500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$	161,725				
_	art I		e, Expenses, and Changes in Net Assets or Fund Ba		instruc	tions:					
			the organization used Schedule O to respond to any quest	•			-				
	1		ons, gifts, grants, and similar amounts received			1	137,704				
	2		ervice revenue including government fees and contracts .			2	23,351				
	3	_	ip dues and assessments			3	0				
	4	Investment	•			4	0				
	5a		ount from sale of assets other than inventory	5a		7	0				
	b		or other basis and sales expenses	5b	0						
	C		-		U	5c	0				
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)									
ne	а	Gross inc \$15,000) .	0								
Revenue	b	Gross inco	me from fundraising events (not including \$	o of contributio	ns						
3è			aising events reported on line 1) (attach Schedule G if the								
_		sum of suc	th gross income and contributions exceeds \$15,000)	6b	0						
	С	Less: direc	t expenses from gaming and fundraising events	6c	0						
	d		e or (loss) from gaming and fundraising events (add lines 6	a and 6b and su	btract						
		line 6c) .				6d	0				
	7a	Gross sale	s of inventory, less returns and allowances	7a	0						
	b		of goods sold	7b	0						
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a	a)		7c	0				
	8	-	nue (describe in Schedule O)			8	670				
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	161,725				
	10		I similar amounts paid (list in Schedule O)			10	16,012				
	11		aid to or for members			11	0				
S	12	•	ther compensation, and employee benefits			12	100,023				
Expenses	13		al fees and other payments to independent contractors			13	0				
)er	14		y, rent, utilities, and maintenance			14	46,527				
Ä	15		ublications, postage, and shipping			15	332				
	16	• • •	enses (describe in Schedule O)			16	12,042				
	17	Total expe	uneae Add lines 10 through 16	<u> </u>	<u> </u>	17					
	18		enses. Add lines 10 through 16			18	174,936 -13,211				
ets	19		or fund balances at beginning of year (from line 27, column			10	-13,211				
SS	.5		r figure reported on prior year's return)			19	22.07.4				
τĀ	20	·=					23,864				
Net Assets	20		nges in net assets or fund balances (explain in Schedule O) .			20	0 10 (53				
	21	inel assets	or fund balances at end of year. Combine lines 18 through 20		. 🚩	21	10,653				

Form 990-EZ (2019) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 23,864 22 22 Cash, savings, and investments 10,653 0 23 23 0 Other assets (describe in Schedule O) . . . . . . 24 0 24 0 25 23,864 25 10,653 0 26 26 **Total liabilities** (describe in Schedule O) . 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 23,864 27 10.653 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provided Families and Individuals with rental, utilities assistance. Twenty one household were provided emergency assistance during 2018. 0) If this amount includes foreign grants, check here 28a (Grants \$ 6,245 Charity/Zakat Distribution Program; Distribute monies allocated as Zakat (Religious Tax) distribution (15 families were provided assistance) (Grants \$ 0) If this amount includes foreign grants, check here . . . . 29a 1,594 Emergency Food Programs; 4,714 individuals were given emergency food assistance during the year 2019. 1,482 Homeless Lunch bags were given out during the year 2019. 273 Specialty Emergency Food Boxes and 1,407 Emergency Food Boxes were also given out during 2019. (Grants \$ 0) If this amount includes foreign grants, check here . . . . 30a 8,173 **31** Other program services (describe in Schedule O) . . . . . . . . . . . . . . . . (Grants \$ 0) If this amount includes foreign grants, check here . . . . 31a 0 16,012 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Sabiha Keskin 40.00 53,395 0 0 Chief Executive Officer/ Ex Director Shante McLendon 0.00 0 0 0 Secretary Mini'imah El Amin 2.00 0 0 Officer Munirah Alrawashdeh 40.00 46,335 0 Officer/Director

Form 990-EZ (2019)

Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
00			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► AZ			
42a		502-26	6-8370	0
	Located at ► 342 E Thomas Rd, Phoenix, AZ 85012 ZIP + 4 ►	850	012	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year $\blacktriangleright$ 43		. 1	▶ □
	But 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

Page 3

Form 990	J-EZ (20	119)						-	age -
								Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c							
Part V		Section 501(c)(3) Organizations		Taiti			46		<b>/</b>
- art		All section 501(c)(3) organizations		stions 47–49b an	d 52, and	complete th	ne tables	for lin	es
		50 and 51.			,				
		Check if the organization used Sch	nedule O to respond	to any question in	this Part	VI			. 🗆
								Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elect		ct during the	e tax · 47		,
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," complet	e Schedule	Ε	. 48		~
		ne organization make any transfers to	•					ı	~
		s," was the related organization a se							<u> </u>
		plete this table for the organization's byees) who each received more than							
	empi	byees) who each received more than				alth benefits,	Tie, enter	vone.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO	contribution benefit pla	ons to employee ans, and deferred			
			·		con	npensation			
None									
	<del></del>		Φ100 000						
		number of other employees paid over			-111	_	h		
		plete this table for the organization' 000 of compensation from the orga			nt contract	ors who ead	n received	more	e tnar
							-) 0	··	
	(a)	Name and business address of each independ	ent contractor	<b>(b)</b> Type of s	ervice	(6	c) Compensa	tion	
None									
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
		the organization complete Schedu	le A? <b>Note:</b> All se	ction 501(c)(3) org	ganizations	must attac			
		eleted Schedule A					.► <u>∨</u> Ye		No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					knowledge an	d belief,	, it is
,	1	h	,						
Sign		Signature of officer				Date			
Here		Sabiha Keskin, Executive Director	/CEO			-			
. =		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	] if PTIN		
Paid Prepa	arer					self-empl	_		
Use C		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no.			
May the	e IRS	discuss this return with the preparer	shown above? See i	nstructions			► ☐ Ye	s 🔲	No

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	CULTURAL CUP FOOD BANK					81-06	
Par							ns.
The c	organization is not a private founda		,	•	•	,	
1							
2	A school described in <b>section</b>		, ,				
3	A hospital or a cooperative hos						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)(	III). Enter the
5	An organization operated for t		collogo or university	owned o	r operate	d by a government	al unit described in
3	section 170(b)(1)(A)(iv). (Comp		college of university	Owned 0	Operate	tu by a government	ai uniit described in
6	☐ A federal, state, or local govern	•	mental unit described	l in <b>secti</b> o	n 170(h)	(1)(A)(v)	
7	An organization that normally	•					the general public
	described in section 170(b)(1)(			po	. a gove.		. ine general paene
8	☐ A community trust described in		•	Part II.)			
9	An agricultural research organi				erated in	conjunction with a la	and-grant college
	or university or a non-land-gramuniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r	eceives: (1) more	e than 331/3% of its su	upport fro	m contri	butions, membership	o fees, and gross
	receipts from activities related support from gross investment	income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
	acquired by the organization at		•		•	•	
11	☐ An organization organized and	•		-			
12	An organization organized and						
	of one or more publicly suppo Check the box in lines 12a thro						
а		•	• • • • •		•	•	
a	the supported organization						
	supporting organization. You						
b	☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of t						
	organization(s). You must o	complete Part I	V, Sections A and C				
С							ally integrated with,
	its supported organization(s		•				
d		•		•			• • • • • • • • • • • • • • • • • • • •
	that is not functionally integ requirement (see instruction						d an attentiveness
_	_ ` `	•	•		-		u <b>=</b>
е	Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of	• •		sporting (	Jigariizat	1011.	
g	D 11 11 6 11 1 1 6 11	-					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10		ur governing ment?	support (see	other support (see
			above (see instructions))	docu	non:	instructions)	instructions)
				Yes	No		
(A)							
(B)							
<b></b>							
(C)							
(D)							
<b></b>							
(E)							
Total	I						

Part								
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
<del></del>	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)		
	on A. Public Support	( ) 0045	# > 0040	( ) 0047	( 1) 00 ( 0	( ) 0040	(n =	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its 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							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							
	on B. Total Support				( 0 00 10			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
7 8	Amounts from line 4							
9	similar sources							
J	activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	`	,			12		
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)	
0 1:	organization, check this box and stop he		<u>.</u>	· · · · ·			▶ 📙	
	on C. Computation of Public Suppor			1 ookumn (f))		14	0/	
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	<u>%</u>	
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organi							
	box and <b>stop here.</b> The organization qua							
b	$33^{1}$ /3% support test-2018. If the organithis box and stop here. The organization				•		•	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and <b>stop here</b> .	. Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and	stop here.	
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	

# 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.)

Secti	on A. Public Support			•	·	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	104,371	131,336	208,895	200,838	161,055	806,495
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	0	0	0	0		0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	•	0	0	0	0		0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	0	0	0	0		0
6	<b>Total.</b> Add lines 1 through 5	104,371	131,336	208,895	200,838	161,055	806,495
7a	Amounts included on lines 1, 2, and 3	104,371	101,000	200,073	200,000	101,000	000,470
	received from disqualified persons .	0	0	0	0		0
b	Amounts included on lines 2 and 3			-	-		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	15,400	11,300	86,600	10,000	123,300
С	Add lines 7a and 7b	0	15,400	11,300	86,600	10,000	123,300
8	Public support. (Subtract line 7c from						
	line 6.)						683,195
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	104,371	131,336	208,895	200,838	161,055	806,495
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less	0	0	0	0		0
D	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	J	-	J	J		
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	104,371	131,336	208,895	200,838	161,055	806,495
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			•		` ' ; '
Sooti	on C. Computation of Public Suppor			<u> </u>	<u> </u>		
15	Public support percentage for 2019 (line 8			13 column (fl)		15	84.71 %
16	Public support percentage from 2018 Sch		•			16	80.74 %
	on D. Computation of Investment In					10	00.74 70
17	Investment income percentage for 2019 (			ov line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests-2019. If the organ					ore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organize						3 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this I	box and <b>stop h</b>	<b>ere.</b> The organi	zation qualifies	as a publicly s	upported organ	ization 🕨 🗹
20	Private foundation. If the organization di	d not check a	box on line 14	19a, or 19b, o	heck this box	and see instru	ctions

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

Cu	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
<b>L</b>		Ja		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
_		JU		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	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 <b>Part VI</b> , 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 authority such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 <b>Part VI</b> .	6		
7		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	-		
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	. 490 1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	<b>Supplemental Information.</b> 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.)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

THE CULTURAL CUP FOOD BANK	81-0622721
Form 990-EZ, Part I, Line 8 - Credit Card Rewards Redemption	
Form 990-EZ, Part I, Line 10 - Utility/Charity Assistance; \$7,839.00, Food Assistance Program; \$8,173.00	
Form 990-EZ, Part I, Line 16 - Travel, meetings and conferences: \$3,538.00, Operational Supplies, IT, Adversariance	rtising: \$3,292.00, Business:
\$5,212.00	
\$0,212:00	
Form 990-EZ, Part I, Line 20 - Reconciliation Discrepancies; -0.27	
······	

Schedule O, Statement 1 THE CULTURAL CUP FOOD BANK

Form: Form 990-EZ (2019) EIN: 81-0622721

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

The Cultural Cup Food Bank and its staff are committed to providing an environment that protects and maintains a high level of dignity and respect for people in need in which they may receive the best service we can provide. Our focus is on, but not limited to those individuals with medical or religious dietary restrictions. CCFB acknowledges the diversity of those people when faced with dietary or religious food restrictions during times of hardship. The Cultural Cup is also dedicated to providing the best nutritional foods that are available to the homeless population when possible.

Page: 1