EXTENDED TO AUGUST 15, 2019

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.

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

OMB No. 1545-0047 Inspection

<u>A I</u>	For the	= 2017 calendar year, or tax year beginning $OCT = 1$, 2017 and	ending S	EP 30, 2018	·
В	Check if applicable	GLEANERS COMMUNITY FOOD BANK INC		D Employer identif	ication number
	Addres	OF SOUTHEASTERN MICHIGAN			
	Name change	Doing business as		38-2	156255
	□ Initial □ return □ Final □ return/	2131 BEAUFAIT	Room/suite	E Telephone number 313 -	er - 9 2 3 – 3 5 3 5
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	73,279,245.
	Ameno			H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: GERALD BRISSON		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	
Τ.	Tax-exe	empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) D	or 527	1	a list. (see instructions)
		e: ► WWW.GCFB.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; MI
	art I	Summary		•	3
_	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Governance					
nar	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
ۆ بې	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			153
iŧ.	6	Total number of volunteers (estimate if necessary)			57132
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)	1	05,989,568.	
ñ	9	Program service revenue (Part VIII, line 2g)		4,581,206.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		159,601.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,913.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	10,747,288.	72,719,426.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		94,721,039.	58,106,803.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,039,415.	7,443,194.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. b	Total fundraising expenses (Part IX, column (D), line 25) 3,483,49			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,372,025.	7,552,156.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,132,479.	73,102,153.
	19	Revenue less expenses. Subtract line 18 from line 12		614,809.	-382,727.
Net Assets or	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		15,628,091.	15,416,893.
ASS	21	Total liabilities (Part X, line 26)		1,254,635.	1,164,916.
	22	Net assets or fund balances. Subtract line 21 from line 20		14,373,456.	14,251,977.
Pa	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	·e	GERALD BRISSON, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Paid	d	TROY E. MARINE, CPA TROY E. MARINE,	CPA 0	2/28/19 self-emplo	
Pre	parer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN ▶	39-0859910
Use	Only	Firm's address 2000 TOWN CENTER STE. 900			
		SOUTHFIELD, MI 48075		Phone no. 24	18.372.7300
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

38-2156255

Form 990 (2017) OF SOUTHEASTERN MICHIGAN

Part III | Statement of Program Service Accomplishments

Par	Till 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:
	WE EXIST TO PROVIDE HOUSEHOLDS WITH ACCESS TO SUFFICIENT, NUTRITIOUS
	FOOD AND RELATED RESOURCES. WE ACCOMPLISH THIS THROUGH COLLABORATION,
	EFFICIENT OPERATIONS, EDUCATION, AND INNOVATIVE SOLUTIONS TO ACHIEVE A
	HUNGER-FREE COMMUNITY IN SOUTHEAST MICHIGAN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$65,157,166. including grants of \$58,106,803.) (Revenue \$4,475,587.)
4 a	FOOD PROCUREMENT AND DISTRIBUTION: OFTEN DESCRIBED AS GLEANERS' CORE
	PROGRAM, THIS ACTIVITY INVOLVES SECURING, STORING, AND DISTRIBUTING
	FOOD TO THOSE IN NEED THROUGH 528 COMMUNITY PARTNERS AND PROGRAMS
	LOCATED IN WAYNE, OAKLAND, MACOMB, LIVINGSTON AND MONROE COUNTIES. LAST
	FISCAL YEAR, GLEANERS DISTRIBUTED MORE THAN 43 MILLION POUNDS EQUATING
	TO NEARLY 36 MILLION MEALS. ACCORDING TO FEEDING AMERICA'S NATIONAL
	REPORT ON CHARITABLE FOOD DISTRIBUTION, 428,700 UNIQUE INDIVIDUALS ARE
	SERVED ANNUALLY BY THE SOUP KITCHENS, PANTRIES, SCHOOLS, AND SHELTERS
	THAT MAKE UP GLEANERS' NETWORK.
4b	(Code:) (Expenses \$
	COOKING MATTERS (CM) IS A NATIONAL NUTRITION EDUCATION PROGRAM DESIGNED
	TO TEACH FAMILIES WITH LOW-INCOME HOW TO PREPARE HEALTHY MEALS
	ECONOMICALLY. LED BY EMPLOYEE AND VOLUNTEER CHEFS AND NUTRITIONISTS, CM
	TEACHES STUDENTS COOKING, SHOPPING, AND BUDGETING SKILLS. IN 2018,
	5,665 PEOPLE GRADUATED FROM THE PROGRAM: 1,638 FROM SOUTHEAST MICHIGAN,
	1,669 AT THE STORE GRADUATES AND 2,348 FROM 11 SATELLITE PARTNERS THAT
	REACHED RESIDENTS IN A TOTAL OF 47 COUNTIES ACROSS THE STATE. PROGRAM
	GRADUATES SAVED AN AVERAGE OF \$260 PER YEAR THROUGH IMPROVED FOOD
	MANAGEMENT SKILLS. THIS EQUATED TO \$1.93 MILLION IN ECONOMIC BENEFIT TO
	HOUSEHOLDS.
	000 104
4c	(Code:) (Expenses \$837,184. including grants of \$) (Revenue \$751,878.
	SCHOOL AND SUMMER FOOD SERVICE PROGRAM IS SUPPORTED BY THE USDA AND
	PROVIDES BREAKFAST AND LUNCH FOR LOW-INCOME CHILDREN DURING THE SCHOOL
	YEAR AND SUMMER MONTHS WHEN MANY DON'T HAVE ACCESS TO NUTRITIOUS
	CHOICES. DURING 2018, GLEANERS SERVED 132,170 MEALS TO 3,203 CHILDREN
	AT 87 SITES.
1 cl	Other pregram comises (Describe in Cabadula O.)
40	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,278,623 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 67,995,622.

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GLEANERS COMMUNITY FOOD BANK INC

OF SOUTHEASTERN MICHIGAN

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.		.
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^
O	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/h		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		 ^ `
IJ		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 ^*
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."		_ _	
	complete Schedule G. Part III	19		x
	CONTRACTOR OF LAIL III			

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN

Form 990 (2017) OF SOUTHEASTERN MICE Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			₩.
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		21
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<i></i>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_ <u></u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) OF SOUTHEASTERN MICHIGAN Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter 0- if not applicable 1 d 4 d 4 d 1 d 1 d 0 o 1 d 1 d 1 d 0 o 1 d 1 d 1 d 0 o 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\Box
Enter the number of Forms W2G included in line 1a. Enter-0-if not applicable 10 10 10 10 10 10 10 1				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of ampleyoes reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return. It is a second to be a second or the calendar year anding with or within the year covered by this return. It is a second to be a second or the calendar year and the year of the calendar year of the calendar year of the calendar year, did the organization have an explanation in Schedule O. If Yes, 'to line the name of the foreign country,' when the year of year of the year of the year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). We have the organization a party to a prohibited tax select transaction at any time during the tax year? So If Yes, 'to line So or Sb, did the organization line form 888617? By If Yes, 'to line So or Sb, did the organization line form 888617? By If Yes, 'to line So or Sb, did the organization line form 888617? By If Yes, 'to line So or Sb, did the organization line form 888617? By If Yes, 'to line organization and year year of the properties of the payor? By If Yes, 'to line organization the winner of the annual gross receptive that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? By If Yes, 'to line organization that were not tax deductible contributions under section 170(c). By If Yes, 'to line organization that year organization file form 888617? By If Yes, 'to line organization sell, exchange, or otherwise dispose of tangible personal perperty for which it was required to file form 8882? By If Yes, 'to line org	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
digambling winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Etter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a I of the organization have uncertable obusiness gross income of \$1,000 or more during they year? 3a X X b if Yes, ** has it filed a form 990-T for this year? if Y-No, ** to file 3b, provide an explanation in Schedule O 3b I drives, ** has it filed a form 990-T for this year? if Y-No, ** to file 3b, provide an explanation in Schedule O 3b I drives, ** has it filed a form 990-T for this year? if Y-No, ** to file 3b, provide an explanation in Schedule O 3c If Yes, ** to fire the name of the foreign country. ** b if Yes, ** enter the name of the foreign country. ** 5b I if Yes, ** enter the name of the foreign country. ** 5c in this provide an explanation of the provide of the organization of the organization file form 888817? 5c If Yes, ** did the organization in the organization file form 8888 organization have provide of the provide organization necessary and provide of the provide organization organization organization organization organization	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendar year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of fines 1 and 2a is greater than 250, you may be required to a-nip Gee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," nais filed a form 950 or for this year? "I ""wo," to file ab, provide an explanation in Schedule 0 3b If "Yes," and it filed a form 950 or for this year? "I ""wo," to file ab, provide an explanation in Schedule 0 3c If yes, and the file a form 950 or for this year? "I "wo," to file ab, provide an explanation in Schedule 0 3c If yes, and the did not seen an explanation of the file and the seen and the foreign country. We have a seen an explanation of the file and a seen and the seen and the foreign country. We have a seen an explanation for file file and the seen and the and the see		(gambling) winnings to prize winners?	1c	X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b If a At any time during the calendary year, did the organization have an interestin, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," an interest the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If we the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If a Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," is line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," it did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions? 9b If "Yes," it did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organization section apprential microse of ST5 made party as a contribution or party for which it was required to life Form 8282? 9c Organization and the summary of the organization notify the donor of the value of the goods or services provided? 7c X 7d If "Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization and the summary of the organization of qualified intellectual property, did the organization for Robert 10 and 10	2 a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _p-fie (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) (FBAR). 5a If yes, "enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' did the organization that we arounal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 5d If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor? 7a X 7b If 'Yes,' indicate the number of Forms 8282 filed during the year 6b If 'Yes,' indicate the number of Forms 8282 filed during the year 7c X 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as equired? 7c X 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as equired? 7d If the organization received are contribution of cont		filed for the calendar year ending with or within the year covered by this return			
3a X March Marc	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurs (such as a bank account, securities account, or other fannical accounts ("PEAR). b If "Yes," enter the name of the foreign country: ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductible or other accounts of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable such aritable contributions? 6c Verso," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 6 b Did the organization neceive any funds, directly or indirectly, to a personal benefit contract? 7 to Vise, "indicate the number of Forms 8282 filed during the year 7 b Did the organization received a contribution of cars, boats, anipanse, or other veribles, did the organization the Payor No. 8 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 10 b If "Yes,"		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11c 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13b 14a 13c 14a 15c	10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	40-	,	40-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			12a		
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	•	ısa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	L				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	Ø				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			142		х
					
		1 100, 1100 K 1100 K 1 0111 120 to report those payments. II 170, provide all explanation ill Schedule O	_	990	(2017)

Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 17 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other *(explain in Schedule O)* Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: LINDA MAKRIS, CHIEF FINANCIAL OFFICER - 313-571-0253 2131 BEAUFAIT STREET, DETROIT, MI 48207

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Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

California Cal	Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
Name and Title Notes and Process more than one to thours per week (list any hours for related organizations below line) 1	(A)	(B)							(D)	(E)	(F)
Nour per Nour per	Name and Title	Average	(do					nne	Reportable	Reportable	Estimated
The state of the		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
1				cer an	id a di	recto	r/trus	iee)			
1		1 '	irecto							•	•
1		1	e or d	tee			sated			(88-2/1099-181150)	
1			ruste	al trus		yee	m pen		(** 27 1033 141100)		_
1			dualt	ution	<u>.</u>	oldm	st co	er			
BOARD CHAIR		line)	Indiv	Instit	Office	Key e	Highe	Form			_
C) CHERYL SCOTT DUBE	(1) JIM TOMPKINS	2.00									
Director X	BOARD CHAIR		Х						0.	0.	0.
(3) KATY LOCKER	(2) CHERYL SCOTT DUBE	1.00									
FORMER DIRECTOR	DIRECTOR		Х						0.	0.	0.
(4) JEFF AUGHTON	(3) KATY LOCKER	1.00									
FORMER DIRECTOR			Х						0.	0.	0.
S	(-,	1.00	1								
Director X			X						0.	0.	0.
Column		1.00	l								
DIRECTOR		1 00	Х						0.	0.	0.
The content of the		1.00	ļ								
DIRECTOR		1 00	Х						0.	0.	0.
(8) JIM VELLA		1.00	ļ								•
DIRECTOR		1 00	X						0.	0.	0.
Secretary Secr		1.00	ļ								
VICE CHAIR		1 00	Х						0.	0.	0.
TREASURER		1.00	.,								0
TREASURER		1 00	X						0.	0.	0.
1.00 X		1.00	. ,							0	0
X		1 00	Λ						0.	0.	0.
1.00		1.00	v							0	0
DIRECTOR X		1 00	Λ						· ·	0.	<u> </u>
1.00		1.00	v							n	0
DIRECTOR X		1 00	77						0.	0.	<u></u>
Column		1.00	x						0.	0.	0.
DIRECTOR X 0. 0. 0.		1.00							•	•	
1.00		1100	x						0.	0.	0.
DIRECTOR X 0. 0. 0. (16) DAVID VANDERPLOEG 1.00		1.00	<u> </u>								
(16) DAVID VANDERPLOEG 1.00 DIRECTOR X (17) KEITH WHITFIELD 1.00	DIRECTOR		X						0.	0.	0.
DIRECTOR X 0. 0. 0. (17) KEITH WHITFIELD 1.00	(16) DAVID VANDERPLOEG	1.00									
(17) KEITH WHITFIELD 1.00	DIRECTOR		Х						0.	0.	0.
DIRECTOR X 0. 0. 0.	(17) KEITH WHITFIELD	1.00									
	DIRECTOR		Х						0.	0.	0.

Form 990 (2017)

OF SOUTHEASTERN MICHIGAN

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(D)	(E)	(F)						
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) SARAH ALVAREZ	1.00									
DIRECTOR		Х						0.	0.	0.
(19) DONNA ENGLAND DIRECTOR	1.00	Х						0.	0.	0.
(20) JOEL KELLMAN	1.00								0.1	
DIRECTOR		х						0.	0.	0.
(21) DAMALI SAHU	1.00									
DIRECTOR		Х						0.	0.	0.
(22) KYLE UREK DIRECTOR	1.00	Х						0.	0.	0.
(23) GERALD BRISSON PRESIDENT & CEO	40.00			х				179,285.	0.	
(24) RACHELLE BONELLI	40.00			Λ				1/9,203.	0.	2,245.
VICE PRESIDENT	40.00			х				102,646.	0.	5,751.
(25) JOHN KASTLER	40.00							·		•
VICE PRESIDENT				Х				108,036.	0.	14,277.
(26) JULIE BEAMER	40.00									
000				Х				127,628.	0.	2,245.
1b Sub-total								517,595.	0.	24,518.
c Total from continuation sheets to Pa							>	406,988.	0.	15,812.
d Total (add lines 1b and 1c)								924,583.	0.	40,330.

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

Yes 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 3 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 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
AMERGENT	PRINTING AND MAILING	
9 CENTENNIAL DRIVE, PEABODY, MA 01960	SERVICES	1,072,747.
CHESLEY IT, LLC,	NETWORK MANAGEMENT	
2631 MARATHON, FORT LAUDERDALE, FL 33312	AND CONFIGURATION	273,577.
ALLIED UNIVERSAL SECURITY SERVICES		
PO BOX 828854, PHILADELPHIA, PA 19182-8854	SECURITY	149,554.
TOTAL QUALITY LOGISTICS		
PO BOX 634558, CINCINNATI, OH 45263-4558	FREIGHT	144,960.
WJBK-TV FOX 2 DETROIT		
PO BOX 100624, ATLANTA, GA 30384-0624	MEDIA	115,000.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization > 6		

Form 990 OF SOUTH	TASTERN	T ₄ T T	СП	тG	IXII				38-215	0433
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average			(O Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	(all)	Key employee	Highest compensated employee	ly)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) SHERYL STODDARD	40.00			٠,				07 724	0	2 010
VICE PRESIDENT (28) LINDA MAKRIS	40.00			Х				97,734.	0.	3,018.
CFO	40.00	1		х				140,320.	0.	5,656.
(29) RYAN HOYLE	40.00							110/3201		3,0301
СДО				Х				168,934.	0.	7,138.
		-								
	l	<u> </u>	<u> </u>		<u> </u>	<u> </u>		406.000		15 010
Total to Part VII, Section A, line 1c								406,988.		15,812.

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN

Form 990 (2017) OF SOUT
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	or note to any line	e 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
s ts	1	а	Federated campaigns	1a	150,000.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
2 E			Fundraising events		616,187.				
ifts			Related organizations		·				
nils			Government grants (contribution		2,057,499.				
Sig			All other contributions, gifts, grant						
ber			similar amounts not included abov		64,243,934.				
Ē		g	Noncash contributions included in lines 1		52,295,857.				
Cor		_	Total. Add lines 1a-1f		>	67,067,620.			
					Business Code				
ø.	2	а	PURCHASED FOOD REVENUE		624210	3,872,839.	3,872,839.		
Ş <		b	AGENCY SHARED MAINTENAN	ICE FEE	624210	521,118.	521,118.		
Program Service Revenue		С							
an		d							
ogr B		е							
Pr		f	All other program service rever	nue	624210	1,240,611.	1,240,611.		
			Total. Add lines 2a-2f			5,634,568.			
	3		Investment income (including						
			other similar amounts)		> [163,401.			163,401.
	4		Income from investment of tax						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents	10,003					
		b	Less: rental expenses	7,474					
		С	Rental income or (loss)	2,529					
		d	Net rental income or (loss)			2,529.			2,529.
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses		9,883.				
		С	Gain or (loss)		-9,883.				
		d	Net gain or (loss)			-9,883.			-9,883.
ø	8	а	Gross income from fundraising						
'n			including \$616,	,187. of					
eve			contributions reported on line						
F			Part IV, line 18	8					
Other Revenu			Less: direct expenses		542,462.				
			Net income or (loss) from fund		_	-341,235.			-341,235.
	9	а	Gross income from gaming ac						
			Part IV, line 19		1				
			Less: direct expenses		·				
			Net income or (loss) from gam						
	10	а	Gross sales of inventory, less i						
		and allowances a		•					
		b Less: cost of goods sold b			·				
		С	Net income or (loss) from sales		.				
			Miscellaneous Revenue	9	Business Code	000 105			000 100
	11		OTHER		900099	202,426.			202,426.
		b							
		С.	All II						
		d	All other revenue			202 426			
	12		Total Add lines 11a-11d			202,426. 72 719 426.	5 634 568.	0.	17 238.
	7')		LOVAL FOVERULE SOC INSTRUCTIONS			14 117 440		U	1 / / 30

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN

| Part IX | Statement of Functional Expenses

04		-l-tlll All -th.			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		_	npiete column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	58,106,803.	58,106,803.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	964,912.	615,803.	181,108.	168,001.
6	trustees, and key employees Compensation not included above, to disqualified	JUE, JIZ.	013,003.	101,100.	100,001.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,922,254.	3,141,362.	923,878.	857,014.
8	Pension plan accruals and contributions (include	, ,	, , ,	, , ,	
	section 401(k) and 403(b) employer contributions)	54,145.	34,606.	10,051.	9,488.
9	Other employee benefits	1,025,527.	655,448.	190,374.	9,488. 179,705. 83,473.
10	Payroll taxes	476,356.	304,455.	88,428.	83,473.
11	Fees for services (non-employees):				
а	Management				
b	Legal	33,399.		4,920.	15,241. 19,051.
С	Accounting	41,749.	16,548.	6,150.	19,051.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	576,875.	307,545.	845.	268,485.
12	Advertising and promotion	432,336.	18,634.	045.	413,702.
13	Office expenses	315,233.	188,327.	47,786.	79,120.
14	Information technology		, ,	,	- ,
15	Royalties				
16	Occupancy	1,382,725.	1,361,741.	19,571.	1,413. 12,892.
17	Travel	973,042.	960,150.		12,892.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	111 110	00 555	22.252	10 10 -
19	Conferences, conventions, and meetings	141,140.	99,577.	29,068.	12,495.
20	Interest				
21	Payments to affiliates	342,998.	342,998.		
22	Depreciation, depletion, and amortization	342,330.	342,990.		
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SOLICITATION MAILINGS	1,191,499.			1,191,499.
b	AGENCY SUPPORT	942,080.	935,723.		1,191,499. 6,357.
С	FOODBANK EXPENSE	815,031.	774,668.	832.	39,531.
d					
е	All other expenses	364,049.		120,022.	126,031.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	73,102,153.	67,995,622.	1,623,033.	3,483,498.
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			5,457,689.	2	4,530,529.
	3	Pledges and grants receivable, net			577,943.	3	2,159,785.
	4	Accounts receivable, net	317,484.	4	335,983.		
	5	Loans and other receivables from current and for		·		·	
		trustees, key employees, and highest compensat					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
ω		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			2,629,036.	8	1,619,108.
	9	B ::			91,236.	9	1,619,108. 253,647.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,808,305.			
	b	Less: accumulated depreciation	10b	7,048,618.	3,622,585.	10c	3,759,687.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			2,932,118.	12	2,758,154.
	13	Investments - program-related. See Part IV, line 1	_			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			15,628,091.	16	15,416,893.
	17	Accounts payable and accrued expenses			1,254,635.	17	1,164,916.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
S	22	Loans and other payables to current and former					
Ě		key employees, highest compensated employees	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelate		•		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
					1 254 625	25	1 164 016
	26	Total liabilities. Add lines 17 through 25			1,254,635.	26	1,164,916.
		Organizations that follow SFAS 117 (ASC 958)		k here 🕨 🔼 and			
es		complete lines 27 through 29, and lines 33 and			10 222 510		10 104 540
anc	27	Unrestricted net assets	10,233,519. 2,397,604.	27	10,194,549. 2,303,003.		
Bal	28	Temporarily restricted net assets	1,742,333.	28	1,754,425.		
pq	29	Permanently restricted net assets	1,744,333.	29	1,734,443.		
Ī		Organizations that do not follow SFAS 117 (AS					
s or		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			14,373,456.	32	14,251,977.
_	33					33	
	34	Total liabilities and net assets/fund balances			15,628,091.	34	15,416,893.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,	71	9,4	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,	10	<u>2,1</u>	<u>53.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		382	2,7	<u> 27.</u>
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					56.
5	Net unrealized gains (losses) on investments	5				52.
6	Donated services and use of facilities	6		43	5,1	60.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	17:	3,9	64.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	14,	25	1,9	77.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-	[За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	an audite annulain uden in Calcadula O and describe annuators talent to underse and and audite			O.L.	v	I

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

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

GLEANERS COMMUNITY FOOD BANK INC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OF SOUTHEASTERN MICHIGAN 38-2156255 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	51775209.	56050488.	72303559.	105989568	67067620 .	353186444	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	<u>51775209.</u>	56050488.	72303559.	105989568	67067620.	353186444	
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)						252106444	
6	Public support. Subtract line 5 from line 4.						353186444	
	• •							
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 72303559.	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	51//5209.	30030400.	12303339.	102303200	0/00/020.	333100444	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	172,304.	168,466.	160 020	159,601.	172 404	943 704	
_	and income from similar sources	1/2,304.	100,400.	109,929.	139,001.	1/3,404.	043,704.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)	626 413.	237 431.	169,058.	164 359.	202 426.	1399687.	
11	Total support. Add lines 7 through 10	020,113.	237, 131.	103,030.	101,333.		355429835	
	Gross receipts from related activities,	etc (see instruction	ne)				,819,049.	
	First five years. If the Form 990 is for	•	,	d. fourth, or fifth ta			, , , , , , , , , , ,	
	_	-			•		ightharpoonup	
organization, check this box and stop here Section C. Computation of Public Support Percentage								
	Public support percentage for 2017 (I			olumn (f))		14	99.37 %	
	Public support percentage from 2016					15	99.18 %	
	6a 33 1/3% support test - 2017. 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	b 33 1/3% support test - 2016. 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 qual							
17a	7a 10% -facts-and-circumstances test - 2017. 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 "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□	
b	10% -facts-and-circumstances test	: - 2016. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	nization	>	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>	

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

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

Se	quality under the tests listed be ction A. Public Support	now, please comp	Diete Fart II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2017 (lin			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
198	a 33 1/3% support tests - 2017. If the						
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	15		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	704		
	10b		
n 9	90 or 99	0-EZ	2017

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supen	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<u>suppo</u> tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	За		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

GLEANERS COMMUNITY FOOD BANK INC

Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHEASTERN MICHIGAN

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-function	ally integrate	ed Type III supporting orga	ınization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u></u>	Т	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
c	From 2014			
d	From 2015			
<u>e</u>	From 2016			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>_i</u>	Carryover from 2012 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
u	Excess from 2016 Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

GLEANERS COMMUNITY FOOD BANK INC

Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHEASTERN MICHIGAN 38-2156255 Page 8 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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN

Employer identification number 38-2156255

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year
_	> \$		a 1/11/71/01
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	f Δrt Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form		arer emmar 7,000to.
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ext	•	· ·
	the text of the footnote to its financial statements that descri	,	ince of public scrives, provide, in Fait Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		t and halance sheet works of art historical
	treasures, or other similar assets held for public exhibition, ea		
	relating to these items:	addation, or rescal on in farther and or pa	bile service, provide the reliewing amounts
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		g, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	, ,	> \$
	Assets included in Form 990, Part X		

GLEANERS COMMUNITY FOOD BANK INC

Schedule D (Form 990) 2017 OF SOUTHEASTERN MICHIGAN

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Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar As	sets _(continued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that are a s	significant use of	its collection items	
	(check all that apply):						
а	Public exhibition	d	Loan or exch	nange programs			
b	Scholarly research	е		0 . 0			
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further the	e organization's exe	empt purpose in	Part XIII.	
5	During the year, did the organization solicit or						
•	to be sold to raise funds rather than to be ma					Yes No	
Par	rt IV Escrow and Custodial Arrang						
	reported an amount on Form 990, Par		10 11 11 10 01 gai _ aiio.			, 5, 5.	
	Is the organization an agent, trustee, custodia	an or other intermedi	arv for contributions	or other assets no	t included		
	on Form 990, Part X?		•			Yes No	
b	If "Yes," explain the arrangement in Part XIII a						
_		a	oming tables			Amount	
С	Beginning balance				1c	, unounc	
ď	Additions during the year						
u ۵	Distributions during the year						
f					16		
	Ending balance Did the organization include an amount on Fo					Yes No	
	If "Yes," explain the arrangement in Part XIII.				•		
	rt V Endowment Funds. Complete in	f the organization and	swered "Yes" on For	m 990 Part IV line	10		
	Complete I	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four years back	
10	Beginning of year balance	1,733,498.	1,635,210.	1,572,645.	1,747,6		
		2,700,200	1,000,110.	1,0,2,010.	2,727,	2,700,000.	
b	Contributions	112,071.	193,097.	142,307.	-95,8	319. 211,830.	
C	Net investment earnings, gains, and losses	74,097.	77,234.	79,742.	<u> </u>		
d	Grants or scholarships	74,057.	77,254.	75,742.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	107,133.	
е	Other expenditures for facilities						
	and programs	17,047.	17,575.				
f	Administrative expenses	1,754,425.	1,733,498.	1,635,210.	1,572,6	1,747,694.	
g	End of year balance				1,372,0	1,747,034.	
2	Provide the estimated percentage of the curr	•		neld as:			
а	Board designated or quasi-endowment	.00	_%				
b	Permanent endowment 100.00	%					
С	Temporarily restricted endowment	.00 %					
	The percentages on lines 2a, 2b, and 2c shou	•					
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for t	the organization	[v] v	
	by:					Yes No	
	(i) unrelated organizations					37	
	If "Yes" on line 3a(ii), are the related organizar					3b	
4 Dar	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment funds.				
Fai			D 1 1 1 1 1 1 0	5 000 D 1)	(l' 40		
	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 ot	` '	1 ' '	Accumulated	(d) Book value	
		basis (investm	, i	· · · · · · · · · · · · · · · · · · ·	epreciation	447 401	
	Land			7,481.	000 410	447,481.	
	Buildings		6,69	6,437. 3,	829,410.	2,867,027.	
	Leasehold improvements		0.04	6 070	F00 200	050 540	
d	Equipment				592,322.	253,748.	
	Other		•	8,317.	626,886.	191,431.	
Total	I. Add lines 1a through 1e. (Column (d) must ex	gual Form 990 Part \	Column (R) line 10)c)		3,759,687.	

\cap E	SOUTHEASTERN	MTCHTCAN
OF	POOTUPASIEKN	MICHIGAL

Complete if the organization answered "Yes" on Form 990, Part IV, line 11 1b. See Form 990, Part X, line 12. (g) Description of accurate year passed accorate (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost o	Part VII Investments - Other Securities.						
(1) Financial derivatives (2) Closely-held equity interests (3) Closely-held equity interests (3) Closely-held equity interests (4) SENEFICIAL INTEREST IN (5) CHARITABLE REMAINDER (6) UNITRUST (7) ENDETICIAL INTEREST IN (8) FUNDS HELD AT THE COMM. (9) FOUNDATION FOR SE MI (1,754,425. END-OF-YEAR MARKET VALUE (1) FOR COMMINICATION FOR SE MI (1,754,425. END-OF-YEAR MARKET VALUE (1) FOR COMMINICATION FOR SE MI (1,754,425. END-OF-YEAR MARKET VALUE (1) FOR COMMINICATION FOR SE MI (1,754,425. END-OF-YEAR MARKET VALUE (1) Part VIII Interest Held	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.				
(2) Closely-held equity interests (3) Other (4) BENEFICIAL INTEREST IN (5) CHARLTABLE REMAINDER (5) UNITRUST (6) ENDESTICIAL INTEREST IN (6) ENDESTICIAL INTEREST IN (7) FOUNDATION FOR SE MI (8) FUNDS HELD AT THE COMM. (9) FOUNDATION FOR SE MI (1, 754, 425. END-OF-YEAR MARKET VALUE (9) Held (1, 1) Investments - Program Related. Complete if the organization answered "Ves" on Form 990, Part M, line 11c. See Form 990, Part X, line 13. (9) Book value (1) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value			
(S) DENRETCIAL INTEREST IN (E) CHARITABLE REMAINDER (C) UNITRUST (D) BENEFICIAL INTEREST IN (E) FUNDS HELD AT THE COMM. (F) FOUNDATION FOR SE MI (F) FOUNDATION FOR SE MI (C) (G) (G) (G) (H) (G) (G) (G) (G) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(1) Financial derivatives						
A BENEFICIAL INTEREST IN	(2) Closely-held equity interests						
(c) UNITWIST (c) BENEFICIAL INTEREST IN (d) FOUNDATION FOR SE MI (e) FOUNDATION FOR SE MI (f) FOUNDATION FOR SE MI (f) FOUNDATION FOR SE MI (g) FOUNDATION FOR SE MI (h) FOUNDATION FOR SE MI (g) FOUNDATION FOR SE MI (h) Foundation and Polymer Company Related. Complete if the organization answered "Ves" on Form 990, Part M, 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 (f) (g)	(3) Other						
(c) UNITRUST (D) BENEFICIAL INTEREST IN (E) FUNDS HELD AT THE COMM. (F) FOUNDATION FOR SE MI (F) FOUNDATION FOR SEMBLE FOR SEAL FOR SEA	(A) BENEFICIAL INTEREST IN						
(B) BENEFICTAL INTEREST IN (E) FUNDS HELD AT THE COMM. (F) FOUNDATION FOR SE MI 1,754,425. END-OF-YEAR MARKET VALUE (G) (H) (G) (I) imust equal form 990, Part X, col. (B) line 12.) 2,758,154. 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 (d) (d) (e) (f) (ii) must equal form 990, Part X, col. (B) line 13.) ▶ Part IXI (o) (b) must equal form 990, Part X, col. (B) line 13.) ▶ Part IXI 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 (c) Book value (d) Boo	(B) CHARITABLE REMAINDER						
(c) FUNDATION FOR SE MI 1,754,425. END-OF-YEAR MARKET VALUE (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 2,758,154. Part VIII Investments - Program Related. Compete 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(C) UNITRUST	1,003,729.	END-OF-YEAR MARKET	T VALUE			
(G) (H) Total. (Col. (b) imust equal form 990, Part X, col. (B) line 12.) ▶ 2 , 758 , 154 . 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	(D) BENEFICIAL INTEREST IN						
(G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(E) FUNDS HELD AT THE COMM.						
Cotal. (Cot. (b) must equal Form 990, Part X, cot. (B) line 12.)	(F) FOUNDATION FOR SE MI	1,754,425.	END-OF-YEAR MARKET	T VALUE			
Total. (Col. (to) must equal Form 990, Part X, col. (B) line 12.) 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 (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (f	(G)						
Part VIII Investments - Program Related.	(H)						
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 (d) (e) Method of valuation. Cost or end-of-year market value (e) Method of valuation. Cost or end-of-year market value (f) Method of valuation. Cost or end-of-year market value (g) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		2,758,154.					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (10) (10) must equal Form 990, Part X, col. (B) line 13.) Part XX 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) (6) (6) (7) (8) (9) (9) (7) (10) (10) 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 (c) Boo	Part VIII Investments - Program Related.						
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.				
(2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 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. 1, (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value			
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Book value	(1)						
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.	(2)						
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(3)						
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 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. 1. (a) Description of liability (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (c) Book value (c	(4)						
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(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.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	. (a) Description of liability						
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		25)					
	• • • • • • • • • • • • • • • • • • • •	,	the organization's financial statements	that raparts tha			
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 🔀			_				

Other (Describe in Part XIII.)

c Add lines 4a and 4b

	GLEANERS COMMUNITY FOOD BAN	K IN	IC		
Sche	dule D (Form 990) 2017 OF SOUTHEASTERN MICHIGAN			38-	2156255 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	
	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	73,320,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	52.		
b	Donated services and use of facilities	2b	767,575.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-173,964.		
е	Add lines 2a through 2d			2e	593,663.

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Subtract line 2e from line 1

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 73,442,042. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 332,415. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 7,474 d Other (Describe in Part XIII.) 339,889. Add lines 2a through 2d 2e 73,102,153. 3 Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 73,102,153 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

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.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE ORGANIZATION WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME." SUCH INCOME, PURSUANT TO THE INTERNAL REVENUE CODE AND RELATED REGULATIONS, INCLUDES INVESTMENT INCOME SUCH AS INTEREST RECEIVED FROM SOURCES OTHER THAN DIRECTLY FROM CONTRIBUTIONS. THE ORGANIZATION HAS BEEN CLASSIFIED AS NOT A PRIVATE FOUNDATION.

72,726,900.

72,719,426.

-7,474.

Part XIII | Supplemental Information (continued)

AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS,

AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY

POTENTIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION TREATS INTEREST AND

PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH,

TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS MANAGEMENT AND GENERAL

EXPENSE.

THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX

POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S FINANCIAL

STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF

UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR

CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE

NEXT TWELVE MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR

INTEREST AND PENALTIES RELATED TO UTBS AT SEPTEMBER 30, 2018 OR 2017, AND

ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME

TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN CRUT

-186,056.

CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD AT COMMUNITY

FDN FOR SE MI

20,927.

CHANGE IN CSV

-8,835.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

-173,964.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PART XII, LINE 2D - OTHER ADJUSTMENTS:

-7,474.

RENTAL EXPENSES

GLEANERS COMMUNITY FOOD BANK INC

Schedule D (Form 990) 2017 OF Part XIII Supplemental Informat	SOUTHEASTERN	MICHIGAN	38-2156255 Page 5
Supplemental Informat	ion _(continued)		
RENTAL EXPENSES			7,474.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN Employer identification number 38-2156255

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. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) 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.

Schedule G (Form 990 or 990-EZ) 2017 OF SOUTHEASTERN MICHIGAN 38-2156255 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 38-2156255 Page 2

		of fundraising event contributions and gro	oss income on Form 990		vents with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
				FORD GOLF	10	col. (c))		
ē			(event type)	(event type)	(total number)			
Revenue			270 200	140 655	200 270	017 /1/		
Re	1	Gross receipts	270,380.	148,655.	398,379.	817,414.		
	_	Lagar Contributions	251,392.	111,655.	253,141.	616,188.		
		Less: Contributions	231,352.	111,055.	233,141.	010,100.		
	3	Gross income (line 1 minus line 2)	18,988.	37,000.	145,238.	201,226.		
		,	,	,	•	,		
	4	Cash prizes						
	5	Noncash prizes						
Direct Expenses		5	102 676		74 760	170 426		
ber	6	Rent/facility costs	103,676.		74,760.	178,436.		
Ě	7	Food and however	25,050.		7,647.	32,697.		
irec	′	Food and beverages	25,050.		7,0474	32,057		
	8	Entertainment						
	9	Other direct expenses	89,217.	43,276.	198,835.	331,328.		
	10		9 in column (d)		>	542,461.		
	11	Net income summary. Subtract line 10 from li				-341,235.		
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	I	a Dullanka farata at				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				billigo/progressive billige		(c)		
Re	1	Gross revenue						
		GI GGG TOVGINGO						
S	2	Cash prizes						
nse								
Direct Expenses	3	Noncash prizes						
ct								
)ire	4	Rent/facility costs						
	_	Other direct expenses						
	3	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>			
_	_							
		ter the state(s) in which the organization condu				Yes No		
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:							
IJ	11	110, explain.				_		
	_							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No		
b	If "	Yes," explain:				_		
	_							

GLEANERS COMMUNITY FOOD BANK INC

Sch	nedule G (Form 990 or 990-EZ) 2017 OF SOUTHEASTERN MICHIGAN 38-2	1562	255	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No 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?		'es	□ No
13	Indicate the percentage of gaming activity conducted in:	ш.	-	
	a The organization's facility	13a		%
	n outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. _ Y	'es	☐ No
ı	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
(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?	Y	'es	No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$\infty \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and	200 0 01	10h	15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ies 9, 9L	J, TUL	, 130,
_				

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN ormation (continued)

Schedule G	(Form 990 or 990-EZ)	OF SOUTHEASTERN	MICHIGAN	38-2156255	Page 4
Part IV	Supplemental Infor	OF SOUTHEASTERN . mation _(continued)			

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.

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

2017
Open to Public Inspection

OMB No. 1545-0047

GLEANERS COMMUNITY FOOD BANK INC **Employer identification number** Name of the organization 38-2156255 OF SOUTHEASTERN MICHIGAN Part I **General Information on Grants and Assistance** 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 X No criteria used to award the grants or assistance? Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) VARIOUS ORGANIZATIONS - SEE PART TO PROVIDE FOOD FOR THOSE 58,106,803. SEE PART IV 0. FOOD TTEMS IN NEED. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Page 2

OF SOUTHEASTERN MICHIGAN

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 noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION DISTRIBUTES DONAT	ED AND PU	RCHASED FO	OOD ITEMS T	O SEVERAL	
HUNDRED NON-PROFIT AGENCIES. DONAT	ED PRODUC	T IS VALUE	ED AT THE P	ER POUND	
RATE, AS DETERMINED BY FEEDING AME	RICA, A N	ATIONAL FO	OOD BANK NE	TWORK.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

ZUT/

OMB No. 1545-0047

Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

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

GLEANERS COMMUNITY FOOD BANK INC

OF SOUTHEASTERN MICHIGAN

 $Employer\ identification\ number \\ 38-2156255$

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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2017

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GERALD BRISSON	(i)	174,965.	0.	4,320.	0.	2,245.	181,530.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN HOYLE	(i)	141,054.	25,000.	2,880.	0.	7,138.		0.
CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							_
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	<u> </u>

Schedule J (Form 990) 2017

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.
PART I, LINE 3:
THE BOARD OF DIRECTORS HAS A HUMAN RESOURCES SUBCOMMITTEE. THE BOARD OF
DIRECTORS IS RESPONSIBLE FOR THE CEO EVALUATION AND COMPENSATION. THE
SUBCOMMITTEE IS RESPONSIBLE FOR 1) CONDUCTING SALARY AND BENEFIT
BENCHMARKING AND 2) MANAGING CEO EVALUATION AND ANNUAL PERFORMANCE REVIEW
PROCESS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open To Public Inspection

Types of Property

Employer identification number GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN 38-2156255

		(a)	(b) Number of	(c) Noncash contribution	(d)			
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		_	s
		арриодого	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribu			
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							
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	X		52,295,857.	WEIGHTED AV	G/PF	RICE	<u>3/L</u>
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, D	Donee Acknowledg	jement 29				
					ı		Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2017

GLEANERS COMMUNITY FOOD BANK INC

Schedule M	(Form 990) 2017 OF SOUTHEASTERN MICHIGAN	38-2156255	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organizat	ion llete

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN

Employer identification number 38-2156255

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR MORE THAN 40 YEARS, GLEANERS COMMUNITY FOOD BANK HAS BEEN "FEEDING HUNGRY PEOPLE AND NOURISHING OUR COMMUNITIES." LAST FISCAL YEAR, GLEANERS DISTRIBUTED MORE THAN 42 MILLION POUNDS OF EMERGENCY FOOD TO 499 PARTNER SCHOOLS, SOUP KITCHENS, SHELTERS AND PANTRIES IN WAYNE, MACOMB, LIVINGSTON AND MONROE COUNTIES. OAKLAND,

FORM 990, PART I, LINES 12 AND 17:

MANAGEMENT COMMENTS ON OPERATIONS: PAGE 1 OF FORM 990 SHOWS A DECREASE IN REVENUE AND EXPENSES FROM FY17 TO FY18 BY NEARLY \$38 MILLION AND \$37 MILLION RESPECTIVELY. AS THIS LOOKS LIKE A SIGNIFICANT REDUCTION IN OPERATIONS, MANAGEMENT WANTS USERS OF THIS FORM 990 TO UNDERSTAND THE NATURE OF THIS CHANGE.

FOR ACCOUNTING PURPOSES, GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN (GLEANERS) VALUES ITS DONATED INVENTORY, DONATED FOOD RECEIVED AND DONATED FOOD DISTRIBUTED, IN ACCORDANCE WITH POLICIES ESTABLISHED BY FEEDING AMERICA, THE NATIONAL NETWORK OF FOOD BANKS. THE CATEGORIES OF FOOD AND VALUATIONS ASSIGNED TO THOSE CATEGORIES ARE AUDITED BY THESE VALUATIONS CHANGE FROM YEAR TO KPMG, A NATIONAL ACCOUNTING FIRM. YEAR DEPENDING ON THE MAKEUP OF THE SAMPLE OF GOODS WITHIN A CATEGORY. THE DOLLAR VALUE OF GLEANERS ENDING INVENTORY, DONATED FOOD REVENUE AND DONATED FOOD EXPENSE IS IMPACTED BY THESE VALUATION CHANGES. IN FISCAL YEAR 2018 (THIS RETURN) THE VALUATION OF GLEANERS INVENTORY DROPPED FROM \$3.17 PER POUND TO \$1.70 PER POUND. THIS REDUCTION IN VALUATION FOR GLEANERS MEANS THAT IN SPITE OF DISTRIBUTING MORE FOOD

(43.061 MILLION POUNDS IN FY18 VERSUS 42.126 MILLION POUNDS IN FY17)

Name of the organization GLEANERS COMMUNITY FOOD BANK INC **Employer identification number** 38-2156255 OF SOUTHEASTERN MICHIGAN AND DISTRIBUTING MORE HEALTHY FOOD (FRUITS, VEGETABLES AND DAIRY PRODUCTS), THE ACCOUNTING VALUE OF OUR FOOD REVENUE AND EXPENSE DECLINED SIGNIFICANTLY. THIS IS THE CORRECT ACCOUNTING TREATMENT BUT IT DOES NOT REFLECT THE ECONOMIC IMPACT OF OUR WORK. GLEANERS SERVED MORE PEOPLE, INCLUDING MORE KIDS; WE DISTRIBUTED MORE FOOD INCLUDING MORE MILK WHICH IS THE LEAST DONATED, MOST REQUESTED FOOD ITEM; AND PROVIDED MORE COMMUNITY IMPACT THROUGH SCHOOL AND SENIOR MOBILE PANTRIES, MY NEIGHBORHOOD MOBILE GROCERY, AND WORKING WITH OUR 528 AGENCIES AND PARTNERS TO FEED THE FOOD INSECURE IN FISCAL YEAR 2018. FORM 990, PART I, LINE 19: GLEANERS SUSTAINED A \$(382,727) LOSS FOR TAX PURPOSES ((\$121,479) LOSS FOR FINANCIAL STATEMENT PURPOSES). AS DISCUSSED IN THE SECOND FOOTNOTE ON SCHEDULE O, THE CHANGE IN THE UNDERLYING FEEDING AMERICA INVENTORY VALUES SIGNIFICANTLY IMPACTED THE VALUE OF OUR FOOD DISTRIBUTED AND NEGATIVELY IMPACTED OUR INCOME STATEMENT BY \$1 MILLION TAKING OUR ONGOING OPERATIONS FROM A POSITIVE POSITION BEFORE THE INVENTORY ADJUSTMENT TO A NEGATIVE OVERALL NET FINANCIAL RESULT. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN 2018, WE LAUNCHED HENRY'S GROCERIES, THE FIRST PILOT OF OUR HEALTHY FOOD HOME DELIVERY PROGRAM, WHICH EXPLORES HOW IMPROVED ACCESS TO HEALTHY FOODS ALONG WITH NUTRITION EDUCATION MAY IMPROVE HEALTH OUTCOMES IN VULNERABLE/LOW-INCOME PATIENT POPULATIONS. FOOD-INSECURE PATIENTS WITH COMPLEX HEALTH NEEDS RECEIVE A BOX OF HEALTHY FOODS SUCH

AS FRESH FRUITS AND VEGETABLES, LEAN PROTEIN AND DAIRY, AND WHOLE

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization GLEANERS COMMUNITY FOOD BANK INC **Employer identification number** 38-2156255 OF SOUTHEASTERN MICHIGAN GRAINS EVERY TWO WEEKS. IT HAS BEEN VERY WELL RECEIVED BY PATIENTS AND FOR A MAJORITY OF THE 300 PARTICIPANTS, THE SERVICE SEEMS TO BE CLOSING THE FOOD SECURITY GAP. THIS PILOT WILL WRAP UP IN SPRING 2019 AND GLEANERS HAS ALREADY BUILT ON THE SUCCESS OF THIS PROGRAM BY PARTNERING WITH OTHER HEALTHCARE ENTITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: KIDS HELPING KIDS ENGAGED 4,508 STUDENTS AND YOUNG PEOPLE IN VOLUNTEERISM WHILE GIVING THEM A BETTER UNDERSTANDING OF THE FACE OF HUNGER. PARTICIPANTS ALSO RECEIVED A PRIMER IN BASIC NUTRITION. BACKPACK TARGETS LOW-INCOME CHILDREN IN NEED OF FOOD OVER THE WEEKEND WHEN THEY CAN'T ACCESS THE FREE BREAKFAST OR LUNCH THEY'D ORDINARILY RECEIVE IN SCHOOL. IN 2018, 65,300 BACKPACKS WERE DISTRIBUTED AT 69 SCHOOLS TO 5,450 CHILDREN. EACH BACKPACK CONTAINS SHELF-STABLE MILK, CANNED PROTEIN, FRUIT AND VEGETABLES, AND WHOLE-GRAIN CEREAL OR CRACKERS. MOBILE FOOD PANTRY: THIS ACTIVITY TARGETS UNDERSERVED COMMUNITIES THAT LACK CONVENIENT EMERGENCY FOOD ACCESS POINTS. A SCHOOL-BASED COMPONENT, ADDED IN 2011, WAS DEVELOPED TO DELIVER MORE FOOD TO HUNGRY CHILDREN. IN 2018, GLEANERS EXECUTED 1,118 SCHOOL MOBILES AT 114 SITES RESULTING IN 3.25 MILLION POUNDS OF FOOD, THE EQUIVALENT OF 2.7 MILLION MEALS FOR STUDENTS AND THEIR FAMILIES. THE SENIOR MOBILE DISTRIBUTIONS PROVIDED

VOLUNTEER PROGRAM CREATES EXPERIENCES FOR PEOPLE TO ENGAGE IN

THE EQUIVALENT OF 184,401 MEALS TO 900 OLDER ADULTS AT NINE

SENIOR-SPECIFIC SITES.

Name of the organization GLEANERS COMMUNITY FOOD BANK INCOORD OF SOUTHEASTERN MICHIGAN

Employer identification number 38-2156255

HUNGER-RELIEF WORK. VOLUNTEERS PACK FOOD FOR CHILDREN, PULL ORDERS FOR

AGENCY PARTNERS, AND TALK ABOUT GLEANERS' MISSION THROUGH THE SPEAKER'S

BUREAU, AMONG OTHER IMPORTANT TASKS. IN 2018, 57,132 VOLUNTEER SHIFTS

WERE COMPLETED EQUATING TO 152,256 HOURS OF SERVICE, THE EQUIVALENT OF

MORE THAN 74 FULL-TIME EMPLOYEES.

DETROIT FOOD ZOO IS A GARDENING DEMONSTRATION SITE AT GLEANERS' DETROIT

LOCATION THAT SUPPORTS THE FOOD BANK'S NUTRITION EDUCATION EFFORTS.

THEMED GARDENS (PIZZA, SALAD, GRILL) SHOWED 140 CHILDREN THE BENEFITS

OF HEALTHY EATING IN FUN, ENGAGING WAYS. THE GARDEN ALSO EXHIBITS WAYS

AGENCY PARTNERS CAN OVERCOME A VARIETY OF SPACE AND RESOURCE

CONSTRAINTS TO START THEIR OWN GARDENS. ADDITIONALLY, IT PROVIDED FRESH

PRODUCE THAT WAS FUNNELED INTO THE EMERGENCY FOOD SYSTEM TO ABATE

HUNGER THROUGH HEALTHY FOOD.

SUMMER FOOD SERVICE PROGRAM (SFSP) IS SUPPORTED BY THE USDA AND

PROVIDES BREAKFAST AND LUNCH FOR LOW-INCOME CHILDREN DURING THE SCHOOL

YEAR AND SUMMER MONTHS WHEN MANY DON'T HAVE ACCESS TO NUTRITIOUS

CHOICES. DURING 2018, GLEANERS SERVED 132,170 MEALS TO 3,203 CHILDREN

AT 87 SITES.

CHILD AND ADULT CARE FEEDING PROGRAM (CACFP), SUPPORTED BY THE USDA AND
THE MICHIGAN DEPARTMENT OF EDUCATION, PROVIDED AFTERSCHOOL SUPPER FOR
LOW-INCOME CHILDREN. MEALS WERE SERVED AT SCHOOLS AND ORGANIZATIONS
PROVIDING AFTERSCHOOL ENRICHMENT FOR YOUTH DURING THE SCHOOL YEAR. FROM
SEPTEMBER 2017 TO JUNE 2018, GLEANERS SERVED 76,066 CACFP MEALS TO
1,356 CHILDREN AT 21 SITES.

Name of the organization GLEANERS COMMUNITY FOOD BANK INCOMPOSED OF SOUTHEASTERN MICHIGAN

Employer identification number 38-2156255

EMPTY BOWLS REACHED 531 SCHOOL-AGED CHILDREN WHO PARTICIPATED IN A

HUNGER-AWARENESS ACTIVITY, MAKING CLAY BOWLS TO DONATE TO THE FOOD BANK

FOR USE AT 2017 EMPTY BOWLS EVENTS, WHICH RAISED FUNDS TO HELP FEED

HUNGRY NEIGHBORS.

EXPENSES \$ 1,278,623. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE MADE UP OF A SUBSET OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. UPON APPROVAL OF THE AUDIT

COMMITTEE THE RETURN IS THEN FORWARDED TO THE BOARD OF DIRECTORS BEFORE

FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND ANNUAL

QUESTIONNAIRE. GLEANERS BOARD OF DIRECTORS HAS A GOVERNANCE COMMITTEE,

WHICH PART OF ITS ROLE IS TO OVERSEE CONFLICTS OF INTEREST MATTERS AND TO

ENSURE EACH BOARD MEMBER COMPLETES THE ANNUAL QUESTIONNAIRE. THE POLICY

ADDRESSES ANY CONFLICTS THAT MAY ARISE WITH A DIRECTOR, OFFICER OR BOARD

MEMBER.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMPENSATION STUDY IS DONE BY THE HUMAN RESOURCES SUBCOMMITTEE COMPARING

COMPENSATION OF SIMILAR NONPROFIT ORGANIZATIONS. THE EXECUTIVE COMMITTEE

EVALUATES AND DETERMINES THE PRESIDENT & CEO'S COMPENSATION. THE CEO

APPROVES COMPENSATION FOR INDIVIDUALS REPORTING TO HIM.

Name of the organization GLEANERS COMMUNITY FOOD BANK INC OF SOUTHEASTERN MICHIGAN	Employer identification number 38-2156255
FORM 990, PART VI, SECTION C, LINE 19:	_
THE ORGANIZATION MAKES ITS GOVERING DOCUMENTS, CONFLICT OF	INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN CRUT	-186,056.
CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD AT COMMUNITY	
FDN FOR SE MI	20,927.
CHANGE IN CSV	-8,835.
TOTAL TO FORM 990, PART XI, LINE 9	-173,964.
FORM 990, PART XII, LINE 2C: THE PROCESS OF SELECTING AND OVERSEEING THE WORK OF THE INI AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.	DEPENDENT

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or GLEANERS COMMUNITY FOOD BANK INC print 38-2156255 OF SOUTHEASTERN MICHIGAN File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 2131 BEAUFAIT return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. DETROIT, MI 48207 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 10 Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CHIEF FINANCIAL OFFICER LINDA MAKRIS, The books are in the care of ► 2131 BEAUFAIT STREET - DETROIT, MI 48207 Telephone No. ► 313-571-0253 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year ightharpoonup |X| tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Change in accounting period

nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2017)

За

3b