

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.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FULL PLATES FULL POTENTIAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 188 STATE STREET City or town, state or province, country, and ZIP or foreign postal code PORTLAND, ME 04101 F Name and address of principal officer: JOHN WOODS 188 STATE STREET, PORTLAND, ME 04101	D Employer identification number 82-2032867 E Telephone number 617-283-7334 G Gross receipts \$ 1,515,821. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FULLPLATES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2017		M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE ENDING CHILDHOOD HUNGER BY HELPING SCHOOLS AND NONPROFITS MAXIMIZE PARTICIPATION IN USDA 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 6 88 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">264,779.</td> <td style="text-align: right;">1,436,560.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">61,086.</td> <td style="text-align: right;">51,930.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">325,865.</td> <td style="text-align: right;">1,488,490.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	264,779.	1,436,560.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,086.	51,930.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	325,865.	1,488,490.							
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Part II Signature Block

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

Sign Here	Signature of officer JUSTIN ALFOND, TREASURER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name ROBIN L CYR	Preparer's signature <i>Robin L Cyr, CPA</i>	Date 12/19/20	Check if self-employed <input type="checkbox"/>	PTIN P01261639
	Firm's name ▶ ALBIN, RANDALL & BENNETT	Firm's EIN ▶ 01-0448006			
	Firm's address ▶ PO BOX 445, 130 MIDDLE STREET PORTLAND, ME 04112-0445	Phone no. 207-772-1981			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE ARE ENDING CHILDHOOD HUNGER BY HELPING SCHOOLS AND NONPROFITS MAXIMIZE PARTICIPATION IN USDA CHILD NUTRITION PROGRAMS. WE SUPPORT INITIATIVES THAT REACH FOOD-INSECURE CHILDREN WITH FREE AND REDUCED PRICE MEALS THROUGH THE NATIONAL SCHOOL LUNCH PROGRAM, SCHOOL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 469,750. including grants of \$ 469,750.) (Revenue \$) FULL PLATES FULL POTENTIAL EMERGENCY RESPONSE FUND - FULL PLATES FULL POTENTIAL GRANTED 136 GRANTS TO SCHOOLS AND COMMUNITY ORGANIZATIONS IMPLEMENTING USDA CHILD NUTRITION PROGRAMS TOTALING \$469,750. WHEN SCHOOLS FLIPPED TO REMOTE LEARNING DUE TO COVID-19 IN MARCH OF 2020, OUR EMERGENCY FUND SUPPORTED OUR PARTNERS WORK TO ENSURE THAT ALL KIDS WOULD CONTINUE HAVING ACCESS TO NUTRITIOUS MEALS WHILE NOT AT SCHOOL. FUNDING WENT TO SUPPORT: EQUIPMENT, TRANSPORTATION, SAFE FOOD PACKAGING, PPE, EXTRA FOOD COSTS, INCREASE AND STAFFING COSTS.

4b (Code:) (Expenses \$ 413,545. including grants of \$ 413,545.) (Revenue \$) FEED KIDS SUMMER FOOD SERVICE PROGRAM - FULL PLATES FULL POTENTIAL GRANTED 76 SUMMER SITES TOTALING \$413,545. THE GOAL OF THESE INVESTMENTS WAS TO INCREASE THE NUMBER OF FEDERALLY REIMBURSED MEALS SERVED TO CHILDREN EXPERIENCING HUNGER IN THEIR COMMUNITIES DURING SUMMER. ADDITIONALLY, THESE GRANTS CREATED PUBLIC AWARENESS AND PROVIDED CRITICAL INFRASTRUCTURE AND OPERATING FUNDING. THESE GRANTS HELPED THE 2020 SUMMER MEAL SITES SERVE OVER 1,4 MILLION MEALS WHICH WAS AN OVER 200% COMPARED TO SUMMER 2019.

4c (Code:) (Expenses \$ 70,296. including grants of \$ 70,296.) (Revenue \$) FEED KIDS SCHOOL BREAKFAST - FULL PLATES FULL POTENTIAL GRANTED 18 SCHOOL BREAKFAST PROGRAMS TOTAL \$70,296. THE GOAL OF THESE INVESTMENTS WAS TO INCREASE PARTICIPATION IN SCHOOL BREAKFAST PROGRAMS. WE FOCUSED OUR GRANTS ON FLIPPING SCHOOLS FROM THEIR TRADITIONAL SCHOOL BREAKFAST PROGRAM SERVED BEFORE SCHOOL BELL IN THE CAFETERIA TO BREAKFAST AFTER THE BELL INITIATIVES. THESE GRANTS HELPED SCHOOLS INCREASE THEIR PARTICIPATION RATES AND BOOST THEIR FEDERALLY REIMBURSEMENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 108,173. including grants of \$ 108,173.) (Revenue \$)

4e Total program service expenses 1,061,764.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JUSTIN ALFOND - 207-232-4187**
188 STATE STREET, PORTLAND, ME 04101

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONCANNON, KEVIN BOARD MEMBER	1.00	X					0.	0.	0.	
(2) DODGE, ERICKA BOARD MEMBER	1.00	X					0.	0.	0.	
(3) GOODWIN, MICHAELA BOARD MEMBER	1.00	X					0.	0.	0.	
(4) PEZZINO, JULIE BUTCHER BOARD MEMBER	1.00	X					0.	0.	0.	
(5) RAMSDELL, BEN BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ALFOND, JUSTIN SECRETARY/TREASURER	30.00	X		X			0.	0.	0.	
(7) PINEO, LAURA VICE PRESIDENT	4.00	X		X			0.	0.	0.	
(8) WOODS, JOHN PRESIDENT	40.00	X		X			0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	36,802.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,399,758.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 15,097.				
	h Total. Add lines 1a-1f			1,436,560.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 36,802. of contributions reported on line 1c). See Part IV, line 18	8a		79,261.				
			27,331.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			51,930.		51,930.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,488,490.	0.	0.	51,930.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,061,764.	1,061,764.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	149,901.		149,901.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,098.		7,098.	
10 Payroll taxes	11,467.		11,467.	
11 Fees for services (nonemployees):				
a Management				
b Legal	33,936.		33,936.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,891.		35,891.	
12 Advertising and promotion	1,778.		1,778.	
13 Office expenses	2,501.		2,236.	265.
14 Information technology	4,707.		4,707.	
15 Royalties				
16 Occupancy	100.		100.	
17 Travel	6,982.		6,982.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,119.		1,119.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,334.		2,334.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD PROCESSING	8,995.		8,995.	
b DUES AND SUBSCRIPTIONS	295.		295.	
c SUPPLIES AND MATERIALS	89.		89.	
d BANK CHARGES & FEES	33.		33.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,328,990.	1,061,764.	266,961.	265.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	64,709.	1	573,483.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0.	4	59,500.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		64,709.	16	632,983.
Liabilities	17 Accounts payable and accrued expenses	23,304.	17	416,378.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	15,700.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		23,304.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	41,405.	31	200,905.
	32 Total net assets or fund balances	41,405.	32	200,905.
33 Total liabilities and net assets/fund balances	64,709.	33	632,983.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,488,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,328,990.
3	Revenue less expenses. Subtract line 2 from line 1	3	159,500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,405.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	200,905.

Part XII Financial Statements and Reporting

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			171,474.	264,779.	1,436,560.	1,872,813.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3			171,474.	264,779.	1,436,560.	1,872,813.
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)						299,008.
6 Public support. Subtract line 5 from line 4.						1,573,805.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			171,474.	264,779.	1,436,560.	1,872,813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,872,813.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

FULL PLATES FULL POTENTIAL

Employer identification number

82-2032867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FULL PLATES FULL POTENTIAL	Employer identification number 82-2032867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FULL PLATES FULL POTENTIAL	Employer identification number 82-2032867
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization FULL PLATES FULL POTENTIAL	Employer identification number 82-2032867
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		A FAREWELL TO SUMMER BY	ALLAGASH AND BIG TREE	10	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	40,038.	37,883.	38,142.	116,063.
	2	Less: Contributions	5,165.	7,582.	24,055.	36,802.
	3	Gross income (line 1 minus line 2)	34,873.	30,301.	14,087.	79,261.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment		300.	300.	600.
	9	Other direct expenses	8,635.	12,465.	5,631.	26,731.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				27,331.
	11	Net income summary. Subtract line 10 from line 3, column (d)				51,930.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **FULL PLATES FULL POTENTIAL** Employer identification number **82-2032867**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PORTLAND PUBLIC SCHOOLS 353 CUMBERLAND AVE PORTLAND, ME 04101	04-3374427	GOVERNMENT	15,146.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
TOWN OF MILO MSAD 41 6 PLEASANT ST MILO, ME 04463	01-6000272	GOVERNMENT	13,123.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
HEALTHY LINCOLN COUNTY 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	9,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MT. BLUE SCHOOL NUTRITION 129 SEAMON RD FARMINGTON, ME 04938	01-6005876	GOVERNMENT	14,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
SHEEPSHOT VALLEY RSU #12 665 PATRICKTOWN RD SOMERVILLE, ME 04348	26-4345738	GOVERNMENT	12,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
ALFOND YOUTH & COMMUNITY CENTER 126 NORTH STREET WATERVILLE, ME 04901	04-3341661	501(C)(3)	9,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AOS 96 291 COURT ST MACHIAS, ME 04654	01-6000249	GOVERNMENT	11,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
AROOSTOOK COUNTY ACTION PROGRAM PO BOX 1116 PRESQUE ISLE, ME 04769	01-0315849	501(C)(3)	12,030.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
AUBURN SCHOOL DEPARTMENT 60 COURT STREET, 4TH FLOOR AUBURN, ME 04210	01-6000018	GOVERNMENT	6,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
AUGUSTA SCHOOL NUTRITION PROGRAM 40 PIERCE DRIVE, SUITE 3 AUGUSTA, ME 04330	01-6000019	GOVERNMENT	7,920.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
BANGOR SCHOOL DEPT. 73 HARLOW STREET BANGOR, ME 04401	01-6000020	GOVERNMENT	7,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
BATH AREA YMCA 303 CENTRE STREET BATH, ME 04530	01-0211812	501(C)(3)	11,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
BIDDEFORD SCHOOL DEPARTMENT 18 MAPLEWOOD AVENUE BIDDEFORD, ME 04005	01-6000023	GOVERNMENT	6,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
BONNY EAGLE (MSAD 6) 84 MAIN STREET BUXTON, ME 04093	01-6005667	GOVERNMENT	9,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
BOYS & GIRLS CLUBS OF KENNEBEC VALLEY - 14 PRAY STREET - GARDINER, ME 04345	60-0001275	501(C)(3)	8,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF SOUTHERN MAINE - 277 CUMBERLAND AVENUE - PORTLAND, ME 04101	01-0211543	501(C)(3)	15,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
BRUNSWICK SCHOOL DEPARTMENT 46 FEDERAL ST BRUNSWICK, ME 04011	01-0396510	GOVERNMENT	5,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
CALAIS SCHOOL DEPARTMENT 32 BLUE DEVIL HILL CALAIS, ME 04619	01-6000025	GOVERNMENT	8,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
CHERRYFIELD ELEMENTARY PO BOX 58 CHERRYFIELD, ME 04622	01-6000112	GOVERNMENT	6,709.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
CUMBERLAND COUNTY FOOD SECURITY 494 ROUTE 1, SUITE #2 YARMOUTH, ME 04096	82-2642533	501(C)(3)	8,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
KITTEERY SCHOOL DEPARTMENT 200 ROGERS ROAD KITTEERY, ME 03904	01-6000224	GOVERNMENT	9,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MADAWASKA MIDDLE HIGH SCHOOL 328 ST. THOMAS STREET, SUITE 2017 MADAWASKA, ME 04756	01-0507913	GOVERNMENT	9,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MID COAST MAINE COMMUNITY ACTION 34 WING FARM PARKWAY BATH, ME 04530	01-0315732	501(C)(3)	5,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MILLINOCKET SCHOOL DEPARTMENT 199 STATE STREET, PO BOX 30 MILLINOCKET, ME 04462	01-6000271	GOVERNMENT	8,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSAD 13 110 MEADOW ST, PO BOX 649 BINGHAM, ME 04920	01-6005921	GOVERNMENT	9,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 15 14 SHAKER ROAD GRAY, ME 04039	01-6006147	GOVERNMENT	14,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 27 84 PLEASANT STREET, SUITE 1 FORT KENT, ME 04743	01-0269146	GOVERNMENT	10,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 33 431 US RTE. 1, PO BOX 9 FRENCHVILLE, ME 04745	01-0271143	GOVERNMENT	5,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 35 180 DEPOT ROAD ELIOT, ME 03903	01-0271121	GOVERNMENT	10,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 44 1 PARKWAY, SUITE 204 BETHEL, ME 04217	01-0274463	GOVERNMENT	12,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 46 175 FERN ROAD, SUITE 1 DEXTER, ME 04930	01-0275044	GOVERNMENT	18,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 54 196 WEST FRONT STREET SKOWHEGAN, ME 04976	01-0276217	GOVERNMENT	9,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 58 1401 RANGELEY ROAD PHILLIPS, ME 04966	01-0277061	GOVERNMENT	14,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSAD 59 205 MAIN STREET MADISON, ME 04950	01-0277481	GOVERNMENT	9,987.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 60 100 NOBLE WAY NORTH BERWICK, ME 03906	01-0277321	GOVERNMENT	19,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 61 900 PORTLAND ROAD BRIDGTON, ME 04009	01-0277584	GOVERNMENT	17,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 72 25 MOLLY OCKETT DRIVE FRYEBURG, ME 04037	01-0282840	GOVERNMENT	6,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 75 50 REPUBLIC AVENUE TOPSHAM, ME 04086	01-0283948	GOVERNMENT	7,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MY PLACE TEEN CENTER 755 MAIN STREET WESTBROOK, ME 04092	01-0509578	501(C)(3)	13,337.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
PENOBSCOT BOYS AND GIRLS CLUB PO BOX 1459 PRESQUE ISLE, ME 04769	26-0250671	501(C)(3)	17,450.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 10 799 HANCOCK STREET, SUITE #1 RUMFORD, ME 04276	30-0530840	GOVERNMENT	18,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 2 7 REED STREET HALLOWELL, ME 04347	26-4709540	GOVERNMENT	23,375.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSU 13 28 LINCOLN STREET ROCKLAND, ME 04841	36-4652384	GOVERNMENT	7,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 16 3 AGGREGATE ROAD POLAND, ME 04274	26-4196919	GOVERNMENT	12,800.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 18 41 HEATH STREET OAKLAND, ME 04963	38-3797283	GOVERNMENT	15,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 20 6 MORTLAND ROAD SEARSPORT, ME 04974	26-3807266	GOVERNMENT	7,850.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 21 177 ALEWIVE ROAD KENNEBUNK, ME 04043	26-4007559	GOVERNMENT	7,722.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 22 24 MAIN ROAD NORTH HAMPDEN, ME 04444	01-0265931	GOVERNMENT	6,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 23 40 E. EMERSON CUMMINGS BOULEVARD OLD ORCHARD BEACH, ME 04064	30-0541777	GOVERNMENT	5,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 24 2165 US HIGHWAY 1 SULLIVAN, ME 04664	26-3893042	GOVERNMENT	5,145.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 26 10 GOODRIDGE DRIVE ORONO, ME 04473	80-0397396	GOVERNMENT	7,420.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSU 3 84 SCHOOL STREET UNITY, ME 04988	01-6005587	GOVERNMENT	14,920.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 34 156 OAK STREET OLD TOWN, ME 04468	26-4776473	GOVERNMENT	8,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 4 971 GARDINER ROAD WALES, ME 04280	26-4447043	GOVERNMENT	5,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 49 8 SCHOOL STREET FAIRFIELD, ME 04937	01-0275366	GOVERNMENT	8,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 5 17 WEST STREET FREEPORT, ME 04032	26-4626804	GOVERNMENT	8,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 56 147 WELD STREET DIXFIELD, ME 04224	82-0731883	GOVERNMENT	5,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 57 86 WEST ROAD WATERBORO, ME 04087	01-0276610	GOVERNMENT	7,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 63 202 KIDDER HILL ROAD HOLDEN, ME 04429	01-0278147	GOVERNMENT	7,740.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 64 PO BOX 279, 118 MAIN STREET CORINTH, ME 04427	10-0278716	GOVERNMENT	6,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSU 71 PO BOX 325 BELFAST, ME 04915	47-3111913	GOVERNMENT	10,015.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 73 9 CEDAR STREET LIVERMORE FALLS, ME 04254	61-1645049	GOVERNMENT	14,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 76 249 NORTH DEER ISLE ROAD, UNIT 1 DEER ISLE, ME 04267	01-0323919	GOVERNMENT	10,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
RSU 86 28 HIGH SCHOOL DRIVE, SUITE B FORT FAIRFIELD, ME 04742	01-6006685	GOVERNMENT	11,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
SACO SCHOOL NUTRITION PROGRAM 300 MAIN STREET SACO, ME 04072	01-6000035	GOVERNMENT	8,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
MSAD 31 20 HOWLAND ROAD LAGRANGE, ME 04453	01-0269641	GOVERNMENT	5,375.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
SANFORD SCHOOL NUTRITION 917 MAIN STREET, SUITE 200 SANFORD, ME 04073	01-6000355	GOVERNMENT	7,250.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
SKOWHEGAN PARKS & RECREATION 255 WATER STREET SKOWHEGAN, ME 04976	01-6000367	GOVERNMENT	5,220.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
ST GEORGE MUNICIPAL SCHOOL UNIT PO BOX 153, 65 MAIN STREET TENANTS HARBOR, ME 04860	47-3537042	GOVERNMENT	9,960.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE YOUTH ALLIANCE DBA THE GAME LOFT - 78 A MAIN STREET - BELFAST, ME 04915	90-0857900	501(C)(3)	6,175.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
THE PROGRESS CENTER, INC. 35 COTTAGE STREET NORWAY, ME 04268	01-0368153	501(C)(3)	8,500.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
TRINITY JUBILEE CENTER 247 BATES STREET LEWISTON, ME 04240	01-0543294	501(C)(3)	5,238.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	01-6020566	501(C)(3)	11,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
WASHINGTON ACADEMY PO BOX 190, 66 CUTLER ROAD EAST MACHIAS, ME 04630	01-0229448	501(C)(3)	10,350.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
WATERVILLE PUBLIC SCHOOL 25 MESSALONSKEE AVENUE WATERVILLE, ME 04901	36-4653682	GOVERNMENT	13,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
WELLS-OGUNQUIT SCHOOL DISTRICT 1460 POST ROAD WELLS, ME 04090	01-0370199	GOVERNMENT	5,750.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
WESTBROOK SCHOOL DEPARTMENT 117 STROUDWATER STREET WESTBROOK, ME 04092	01-6000038	GOVERNMENT	14,007.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
WINSLOW PUBLIC SCHOOLS 25 MESSALONSKEE AVENUE WATERVILLE, ME 04901	90-0213469	GOVERNMENT	8,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YARMOUTH COMMUNITY SERVICES 200 MAIN STREET YARMOUTH, ME 04096	01-6000452	GOVERNMENT	5,135.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
YORK SCHOOL NUTRITION 469 US ROUTE ONE YORK, ME 03909	01-6000453	GOVERNMENT	7,000.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.
YWCA CENTRAL MAINE 130 EAST AVENUE LEWISTON, ME 04240	01-0211570	501(C)(3)	9,055.	0.			MULTIPLE GRANTS TO HELP INCREASE PARTICIPATION IN THEIR USDA CHILD NUTRITIONS PROGRAMS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

FULL PLATES FULL POTENTIAL OFFERS GRANTS FOR THREE USDA PROGRAMS (BREAKFAST, CACFP AND SUMMER). ONCE A GRANT IS SUBMITTED THE CHAIR/GRANT ADMINISTER INITIALLY REVIEWS IT FOR COMPLIANCE. TO BE COMPLIANT, A GRANTEE'S FOOD SERVICE PROGRAMS MUST BE IN GOOD STANDING WITH THE MAINE DEPARTMENT OF EDUCATION CHILD NUTRITION TEAM AND THEIR GRANT MUST PURSUE IMPLEMENTING A USDA CHILD NUTRITION PROGRAM. IF THE GRANT PASSES THESE THRESHOLDS, THEN THE CHAIR/GRANT ADMINISTER SENDS THE SUBCOMMITTEE THE FULL GRANT AND SETS A DATE FOR A SUBCOMMITTEE MEETING. AT LEAST ONCE BOARD OF

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

FULL PLATES FULL POTENTIAL

Employer identification number

82-2032867

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILD NUTRITION PROGRAMS, MOVING US CLOSER TO A STATE WHERE EVERY
STUDENT IN EVERY COMMUNITY HAS ACCESS TO THE NUTRITIOUS MEALS THEY NEED
WHEREVER THEY LIVE, LEARN AND PLAY. FULL PLATES FULL POTENTIAL (FPFP)
IS A CAPACITY-BUILDING, COLLABORATIVE PROJECT DEDICATED TO DEVELOPING
AND IMPLEMENTING STRATEGIES TO END CHILD HUNGER THROUGH POLICY,
EDUCATION, RESEARCH, COMMUNITY ORGANIZING AND COMMUNITY DEVELOPMENT.
FPFP CONVENES FEDERAL, STATE AND LOCAL GOVERNMENT STAKEHOLDERS WITH
NONPROFITS, FAITH COMMUNITIES AND BUSINESS LEADERS TO CREATE AN
EFFICIENT SYSTEM OF ACCOUNTABILITY THAT INCREASES FOOD SECURITY IN
MAINE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BREAKFAST PROGRAM, CHILD AND ADULT CARE FOOD PROGRAMS AND THE SUMMER
FOOD SERVICE PROGRAM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

WHEN SCHOOLS FLIPPED TO REMOTE LEARNING DUE TO COVID-19 IN MARCH OF
2020, OUR EMERGENCY FUND SUPPORTED OUR PARTNERS WORK TO ENSURE THAT ALL
KIDS WOULD CONTINUE HAVING ACCESS TO NUTRITIOUS MEALS WHILE NOT AT
SCHOOL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OAKHURST AFTERSCHOOL SCHOOL MEAL GRANT PROGRAM 'CHILD AND ADULT CARE
FOOD PROGRAM' (CACFP) AT-RISK' - FULL PLATES FULL POTENTIAL GRANTED 13
OAKHURST AFTERSCHOOL MEAL GRANTS TOTALING \$50,187. THE GOAL OF THESE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

FULL PLATES FULL POTENTIAL

Employer identification number

82-2032867

INVESTMENTS WAS TO INCREASE MAINE'S MOST UNDERUTILIZED USDA CHILD NUTRITION PROGRAM. OUR GRANTS HELPED AFTERSCHOOL SPONSORS PAY FOR THEIR START UP INFRASTRUCTURE COSTS OR HELP SPONSORS INCREASE PARTICIPATION IN THEIR EXISTING AFTERSCHOOL SITE. AFTERSCHOOL MEAL PROGRAMS ARE CRITICAL FOR CHILDREN EXPERIENCING HUNGER DURING OUT-OF-SCHOOL HOURS (INCLUDING AFTERSCHOOL, WEEKENDS, AND HOLIDAYS) AND OPERATE THROUGHOUT THE SCHOOL YEAR.

EXPENSES \$ 108,173. INCLUDING GRANTS OF \$ 108,173. REVENUE \$ 0.

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

JUSTIN ALFOND (TREASURER) OF THE BOARD WILL REVIEW A COPY OF THE 990 BEFORE IT IS FILED WITH THE IRS. THE FINAL COPY WILL THEN BE SENT TO THE REST OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND SIGN OFF.

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

THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT THE ANNUAL MEETING ORALLY WHERE A FORM IS DISTRIBUTED TO BOARD MEMBERS FOR SIGNATURE INDICATING THEY ARE IN COMPLIANCE.

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

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING COMPENSATION FOR THE EMPLOYEES AND INDEPENDENT CONTRACTORS.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, FULL PLATES FULL POTENTIAL WOULD MAKE GOVERNING DOCUMENTS AND POLICIES AVAILABLE TO THE PUBLIC.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions. FULL PLATES FULL POTENTIAL	Taxpayer identification number (TIN) 82-2032867
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 188 STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, ME 04101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
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

JUSTIN ALFOND

- The books are in the care of ▶ **188 STATE STREET - PORTLAND, ME 04101**
Telephone No. ▶ **207-232-4187** 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 box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 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.