## Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*
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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning MAR	1, 2022 and	ending F	EB 28, 2023	
Вс	heck if pplicable	C Name of organization			D Employer identifi	cation number
	Addres	FEED MY STARVING CHILDREN, INC.	·			
	Name change	Doing business as			41-1601449	
	Initial return Final return/	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number 763-504-2919	
_	dreturn/ termin- ated	City or town, state or province, country, and ZII	or foreign postal code		G Gross receipts \$	65,619,187.
	Amend				H(a) Is this a group r	eturn
	Application		REA	-	for subordinates	? Yes X No
	pendin	401 93RD AVE NW, COON RAPIDS, MN 55			H(b) Are all subordinates in	
$\frac{1}{1}$	ax-exe	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	¬	list. See instructions
	Vebsit				H(c) Group exemption	on number
		51	ciation Other	L Year	of formation: 1986	M State of legal domicile: MN
				<del></del>		
	1	Briefly describe the organization's mission or most si	gnificant activities: FEEDIN	G GOD'S	STARVING CHILDREN	
ce		HUNGRY IN BODY AND SPIRIT.				
Governance	2	Check this box if the organization disconti	nued its operations or dispos	sed of more	e than 25% of its net as	sets.
Veri	3	Number of voting members of the governing body (P				
S	4	Number of independent voting members of the gover				17
		Total number of individuals employed in calendar yea				485
ties	6	Total number of volunteers (estimate if necessary)				910600
Activities &	72	Total unrelated business revenue from Part VIII, colu				0.
A	' h	Net unrelated business taxable income from Form 99				0.
		Total in State Desirious States			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			61,587,260.	61,776,058.
ine	9	Program service revenue (Part VIII, line 2g)		1	272,100.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			71,394.	334,496.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			718,090.	1,066,948.
		Total revenue - add lines 8 through 11 (must equal P			62,648,844.	63,177,502.
_		Grants and similar amounts paid (Part IX, column (A)			36,603,185.	45,093,687.
		Benefits paid to or for members (Part IX, column (A),			0.	0.
	45	Salaries, other compensation, employee benefits (Pa			12,957,565.	15,935,586.
Expenses	162	Professional fundraising fees (Part IX, column (A), lin			0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line		532.		
Ext	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			6,538,987.	8,951,028.
		Total expenses. Add lines 13-17 (must equal Part IX,			56,099,737.	69,980,301.
		Revenue less expenses. Subtract line 18 from line 12			6,549,107	-6,802,799.
	_	Tiovortuo toob oxponisosi esperisosi esperisosi		В	Beginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		Г	39,897,595	38,450,008.
ASS(	21	Total liabilities (Part X, line 26)			5,416,053	10,266,783.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from li	ne 20		34,481,542	. 28,183,225.
P	art II	Signature Block				
Und	der pena	alties of perjury, I declare that I have examined this return, ų	acluding accompanying schedule	es and stater	nents, and to the best of n	ny knowledge and belief, it is
true	e. correc	et, and complete. Declaration of preparer (other than officer	is based on all information of w	hich prepare	er has any knowledge.	
	,	(h) of Sch /	)/~		07/20	2023
Sig	ın	Signature of officer			Date	
He		DAN STENNES-ROGNESS, VP FINANCE / CFO				
		Type or print name and title				
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	id	Transmission of the contract o	ENNIFER STAVISH, CPA		07/20/23 self-emp	
	parer	Firm's name SDK CPA			Firm's EIN	41-1680240
	e Only	Firm's address 100 WASHINGTON AVE S STE 1	600			
	•	MINNEAPOLIS, MN 55401			Phone no.61	2-332-5500
Ma	av the I	RS discuss this return with the preparer shown abov	e? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT. WITH GOD'S	
	HELP FEED MY STARVING CHILDREN WILL STRIVE TO ELIMINATE STARVATION IN	
	CHILDREN THROUGHOUT THE WORLD BY HELPING TO INSTILL COMPASSION IN PEOPLE TO HEAR AND RESPOND TO THE CRIES OF THOSE IN NEED.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X 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 to	
	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 \$ 61,687,762. including grants of \$ 45,093,687. ) (Revenue \$	)
	PROGRAM SERVICES - SEE SCHEDULE O	
4b	(Code:) (Expenses \$	)
	MARKETPLACE - SEE SCHEDULE O	
4c	(Code:) (Expenses \$	)
		,
4d	Other program services (Describe on Schedule O.)	
−u	(Expenses \$ including grants of \$ ) (Revenue \$	1
4e	Total program service expenses  61,687,762.	
-10	Total program out those or portions	Form <b>990</b> (2022)
		(2022)

41-1601449

#### 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? See instructions	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		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 Rev. Proc. 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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		<del></del>
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<sub></sub>
	or in 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	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? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I. See instructions	17	L	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (	2022) Checklist of F				CHILDREN,
Partiv	Checklist of F	require	eu c	ocnedules	(continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), line 2? // "Yes," complete Schedule (, Parts I and iii)  22	1 0.1	continued)		Yes	No
Part K, column (A), line 2º // 1º/es, *complete Schedule I, Parts I and III 2 Did the organization assert "7° 10° Part VII, Scioon A, line 3. 4 o. 5° a, about compensation of the organization sourrent and former officers, directors, fustees, key employees, and highest compensated employees? // 1° 9° 5° complete Schedule I, Part IV 25° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, tustedes, key employees, and highest compensated employees? "#"Yes," complete Schedule I, "Are IV" to Jone 25 a Law Schedule I and the Vision of the Law Schedule I and the Vision of the Law Schedule I and the Vision of Vision o			22		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part II and 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 2th through 2dd and complete Schedule K, If "No," go to line 25a.  24b Did the organization mixet any proceeds of fax-exempt bonds beyond a temporary period exception?  24c Did the organization mixet any proceeds of fax-exempt bonds beyond a temporary period exception?  24d Did the organization mixet any an excrew account of the than a returning secrow at any time during the year?  24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization average as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of issuer for the organization engage in an excess benefit transaction with a disqualified person in a pricy year, and that the transaction has not been reported on any of the organization with a disqualified person in a pricy year, complete Schedule I, Part II  25d Did the organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contribution or 35% complete Schedule II, Part III 27d X X and the organization review of the part or the mixetion of himself is a part or office assistance to any current or former office. II part III 27d X X X best the organization pricked any part or the assistance to	23				
Schedule J. American Strategy of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," got to line 25a.  Lead to got the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," got to line 25a.  Lead to got the organization invest any proceeds of tax-seempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-seempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-seempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-seempt bonds beyond a temporary period exception?  Did the organization invest and proceeds of tax-seempt bonds beyond a temporary period exception?  Did the organization and the season of the comparization and period of the organization and that the transaction hash and the regaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I is the organization and that the transaction has not been reported on any of the organization spinor Forms 900 or 900-EZ2 If "Yes," complete Schedule L. Part I is the transaction has not been reported on any of the organization's prior Forms 900 or 900-EZ2 If "Yes," complete Schedule L. Part I is the process of the organization or forms of the organization organization and the season of the organization organization and the season of the organization organization provide a grant or other assistance to any current or former officer, director, trustee, key and place and the season of the properties Schedule L. Part II is the organization organization organization and the season of the transaction organization organization organization with organization organization organization organization organization organiz					
size 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  b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  d) Did the organization maintain an escrive account other than a refunding escrive at any time during the year?  d) Did the organization cat as an 'no behalf of' issuer for bonds outstanding at any time during the year?  d) Did the organization and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I  b) Is the organization aware that the gnagged in an excess banefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I  b) Is the organization aware that engaged in an excess banefit 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 I., Part II  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusues, key employee, creator or former officer, director, fusues, key employee, transaction and parts section committee member, or to a 35% combible entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part IV  a Current or former officer, director, fusues, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV  b) A naminy member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV  25a D		, · · · · · · · · · · · · · · · · · · ·	23	Х	
Schedule K. If 'No,' go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24a   24b   24c	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escore wat any time during the year to defease any tax exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. 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 organizations prior Former 590 or 990-E27 If "Yes," complete Schedule I., Part II   25b   X    Did the organization provide a grant or other assistance to any current or former officer, director, fusitise, key employee, creator or founder, substantial contributor, or 35% controlled entity for lounder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fine transaction aparty to a business transaction with one of the following parties (see the Schedule I., Part II   27   X   X    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part II   27   X   X    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part II   27   X   X    29 Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedule II, Part II   28a   X    Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedule II, Part II   28a   X    Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedule II, Part II   28a   X    Did the organization receive more than \$25 000 in non-cash contributions? If "Yes," complete Schedule II, Part II   X    Did the organization receive more than \$25 000 in non-cash c		, •			Х
any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   2			24b		<del>                                     </del>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 50(16)8, 501(16)4, and 501(16)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  25b 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 of port of the part of the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spore Forms 950 or 990E-27. If "Yes," complete Schedule L, Part I    25b Did the organization appropriate the part of other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity formulan member of any of these persons? If "Yes," complete Schedule L, Part II    26c X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, as unstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finculting an employee thereof of a rainy immember of any of these persons? If "Yes," complete Schedule L, Part III    27 Z X  28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization sell-exchange, dispose of, or transfer more than \$256 of its net assets? If "Yes," complete Schedule II    29 Did the organization sell-exchang	С				
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    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 prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I    25b					<b>-</b>
transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I 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-E27 #"Yes," complete Schedule L, Part I   28b			24d		
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 prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I	25a		05-		v
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 I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of main' member of any of these persons' If 'Yes,' complete Schedule L, Part II I Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant' selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons' If 'Yes,' complete Schedule L, Part III I X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable ling) threshold the complete Schedule I, Part IV I Report of a 25% controlled entity of one or more individual described in line 28a' If 'Yes,' complete Schedule L, Part IV I Report of a 25% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV Report of the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Reports III Reports II	<b>L</b>		25a		
Schedule L, Part I  10 Id the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If *Yes,* complete Schedule L, Part II  21 Did the organization provide a grant or often assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If *Yes,* complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If *Yes,* complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes,* complete Schedule L, Part IV.  28a	D				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If I*Ves," complete Schedule L, Part II		,	25h		х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   27   28   27   28   27   28   28   27   28   28	26	·	250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II					
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity (including an employee) thereof or any of these persons? if "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 In the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  32 A Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, Iine 2  36 Section 501(c)(3) organization. Did the organization make any transfers to an exempt no			26		Х
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?" In "Yes," complete Schedule I., Part III.  27	27	, , ,			
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions, and excepti					
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a		· · · · · · · · · · · · · · · · · · ·	27		Х
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV	28	• • •			
"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c			28a		Х
"Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 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, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
29   Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X	С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  10 to the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  11 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  12 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I  13 A 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  14 A Was the organization have a controlled entity within the meaning of section 512(b)(13)?  15 B Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  16 If "Yes," complete Schedule R, Part V, line 2  17 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 II					X
contributions? If "Yes," complete Schedule M  Joi the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I    Joi the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete    Schedule N, Part II    Joi the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I    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    Sa5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?    Betti "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 501(b(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2    Section 501(b(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI    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    The organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The organization of the organi		, ,	29	Х	<del>                                     </del>
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If "Yes," complete Schedule R, Part I  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  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 Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  11	0.4				<del></del>
Schedule N, Part II  32   X  33   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   33   X  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   X  35a   Did the organization have a controlled entity within the meaning of section 512(b)(13)?   35a   X  b   If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?   If "Yes," complete Schedule R, Part V, line 2   35b   35			31		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	32	•	22		x
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Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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 V   37	34		00		
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Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X   1d X   The image of Part VI, lines 11b and 19?  38 X   Yes No  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1b 0  1c X  1c X	37				
Note: All Form 990 filers are required to complete Schedule O  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  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X			37		Х
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  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38				
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	Do:		38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  10  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	rar				
1a     40       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1a     40       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Uneck it Schedule U contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	4 -	Enter the number reported in her 2 of Form 1000 Enter 0 if not applicable		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		Enter the manual reported in box 6 or 1 cm 1 coc. Enter 6 in not applicable	-		
(gambling) winnings to prize winners?		Enter the number of Porns w-2d included of fine ra. Enter -0- if not applicable	1		
	U	(a contribute of the contribut	10	х	
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Form 990 (2022)	FEED MY STARVING CHILDREN, INC.	
Part V Statements I	Regarding Other IRS Filings and Tax Co	mpliance (continued)

					Yes	No
2a	Enter 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	2a	485			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b			of or all	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7-		Х
	to file Form 8282?	7d	1	7с		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year			70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit condition that organization, during the year, pay premiums, directly or indirectly, on a personal benefit contractly.		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization me ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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	امد ا	I			
_	organization is licensed to issue qualified health plans	13b				
C 1/10	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c	•	140		Х
14a				14a		- 21
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
13	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.			.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
				_	ann	

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 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 on Schedule O. 17 **b** Enter the number of voting members included on 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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 on 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? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 on Schedule O the process, if any, used by the organization to review this Form 990. X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on 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 \_\_\_SEE SCHEDULE 0 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. X Own website X Upon request Another's website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

55433

DAN STENNES-ROGNESS - 763-231-0157 401 93RD AVE NW COON, RAPIDS, MN

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

Name and title	(A)	(B)	T	11120		C)	прсі	Jac	(D)	(E)	(F)
NARK CREA		1	(do		Pos	ition		200	1 ' '	1	
Very		hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	
Table   Tabl			_	Cer ai	lu a u	recid	Trirus	lee)			
Table   Tabl			directo				Ļ				· ·
Table   Tabl			ee or	stee			nsate		1	l ,	
Table   Tabl		organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
Table   Tabl		1	ividua	itutio	cer	empl	hest o	mer			organizations
X	(4)	<del>'</del>	Pul	lus	#0	Ke	e Hig	For			
(2) ANDY CARR		40.00	1						204 140	0	24 615
VP OF DEVELOPMENT & MARKET		40.00			Λ		┢		294,140.	0.	24,615.
(3) DAN STENNES-ROGNESS		40.00	-		Į,				100 040	0	22 224
VP OF FINANCE/CFO		40.00			Λ		$\vdash$		109,949.	0.	22,324.
(4) JEANIE PICARDI		40.00	1		v				147 718	0	19 876
VP OF HUMAN RESOURCES		40.00			Λ		┢		147,710.	· ·	15,070.
S		40.00	1		x				153 669	0	13 885
VP OF MANUFACTURING		40.00					$\vdash$		133,003.	•	13,003.
Columbde   Columbde			1		х				159.799.	0.	7.749.
The mathem muraski		40.00					$\vdash$		, -		, -
(7) MATTHEW MURASKI	VP OF SUPPLY CHAIN		1		х				122,165.	0.	21,595.
Name	(7) MATTHEW MURASKI	40.00							, ·		,
VP OF INTL PROGRAMS & SUPP	VP OF INTL PROGRAMS & SUPP				х				108,768.	0.	5,585.
Some content of the	(8) JIGNORE OBRAND	40.00									
BOARD MEMBER	VP OF INTL PROGRAMS & SUPP				х				103,708.	0.	4,339.
The color of the	(9) DEAN NADASDY	5.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
South   Sout	(10) BILL JOURNEY	5.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
DARD MEMBER	(11) EVELYN NAKIBUUKA	5.00	1								
BOARD MEMBER       X       0.       0.       0.         (13) CHARLIE WESSER       5.00       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.         (14) GREG HILDING       5.00       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.         (15) STEWART MCCUTCHEON       5.00       0.       0.       0.         BOARD SECRETARY       X       X       0.       0.       0.         (16) LISA TORRES       5.00       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (17) BRAD ADAMS       5.00       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.	BOARD MEMBER		Х						0.	0.	0.
Columbia   Columbia	(12) JAVI MCGUIGGAN	5.00	]								
BOARD MEMBER         X         0.         0.         0.           (14) GREG HILDING         5.00         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (15) STEWART MCCUTCHEON         5.00         0.         0.         0.           BOARD SECRETARY         X         X         0.         0.         0.           (16) LISA TORRES         5.00         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
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BOARD MEMBER         X         0.         0.         0.           (15) STEWART MCCUTCHEON         5.00         0.         0.         0.         0.           BOARD SECRETARY         X         X         0.         0.         0.         0.           (16) LISA TORRES         5.00         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
(15) STEWART MCCUTCHEON     5.00       BOARD SECRETARY     X       (16) LISA TORRES     5.00       BOARD MEMBER     X       (17) BRAD ADAMS     5.00       BOARD MEMBER     X       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.		5.00	1								
BOARD SECRETARY         X         X         X         0.         0.         0.           (16) LISA TORRES         5.00         0. <t< td=""><td>BOARD MEMBER</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	BOARD MEMBER		Х						0.	0.	0.
(16) LISA TORRES		5.00	1								
BOARD MEMBER         X         0.         0.         0.           (17) BRAD ADAMS         5.00         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.			Х		Х		_		0.	0.	0.
(17) BRAD ADAMS  BOARD MEMBER  5.00  X  0. 0.		5.00	1								
BOARD MEMBER X 0. 0. 0.			X					<u> </u>	0.	0.	0.
		5.00	ł <u>.</u>								_
	232007 12-13-22		Х						0.	0.	0. Form <b>990</b> (2022)

Form **990** (2022) 232007 12-13-22

Form 990 (2022) FEED MY STAR	VING CHILDR	EN,	IN	C.					41-160144	9 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<b>າ</b> than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week (list any				110010	1711 43		from the	from related	other
	hours for	directo				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tutior	er	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(18) KIERAN KELLIHER	5.00									
BOARD MEMBER AT LARGE		Х						0.	0.	0.
(19) BRUCE GORTER	5.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(20) JACKIE WYATT	5.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(21) GARY TYGESSON	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(22) DELIA HADDAD	5.00									
BOARD MEMBER		Х						0.	0.	0.
(23) RYAN MICK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(24) CLYNT REDDY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(25) KAREN WILSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal	1							1,279,916.	0.	119,968.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								1,279,916.	0.	119,968.
2 Total number of individuals (including but r									000 of reportable	,

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MCCLARY INNOVATIONS		
680 WEST 200 N, NORTH SALT LAKE, UT 84054	FOOD PACKAGING	4,530,127.
COMM-WORKS LLC, 1405 XENIUM LAND N #120,		
MINNEAPOLIS, MN 55441	IT SUPPORT	148,187.
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

41-1601449

Form 990 (2022) FEED MY STA Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response	or note to any lin	e in this Part VIII			X
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S G	1 2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts								
جَ جَ		Membership dues		2,028,452.				
Ţ,		Fundraising events		2,020,432.				
ia i		Related organizations						
ns, Sim		Government grants (contribu						
er S	f	All other contributions, gifts, gra		50 545 606				
ξģ		similar amounts not included ab		59,747,606.				
dat	g	Noncash contributions included in line	es 1a-1f <b>1g</b> \$	996,992.				
<u>8</u>	h	Total. Add lines 1a-1f			61,776,058.			
				Business Code				
e l	2 a							
Program Service Revenue	b	·						
Se	С							
am	d							
ge	е							
Pro	f	All other program service rev	venue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	-				336,260.			336,260.
	4	Income from investment of t			,			,
	5	Royalties						
	3	Noyaities	(i) Real	(ii) Personal				
	۰.	Owers wents		(ii) i crooriai				
			Sa					
	D	· · · · · · -	Sb					
	С	` ′ _	Sc					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	7a 974,255.	1,000.				
	b	Less: cost or other basis						
ne		and sales expenses 7	<b>b</b> 977,019.					
Revenue	С	Gain or (loss)7	rc −2,764.	1,000.				
Be	d	Net gain or (loss)	<u></u>		-1,764.			-1,764.
her	8 a	Gross income from fundraising	events (not					
₹		including \$2,02	8,452. of					
		contributions reported on lin	ne 1c). See					
		Part IV, line 18	8a	2,700.				
	b	Less: direct expenses		57,141.				
		Net income or (loss) from fur			-54,441.			-54,441.
		Gross income from gaming a						
		Part IV, line 19	l l					
	b	Less: direct expenses						
		Net income or (loss) from ga		•				
		Gross sales of inventory, les						
	.o u	and allowances	l l	2,518,914.				
	h	Less: cost of goods sold						
		Net income or (loss) from sa		, -,, - <b></b>	1,111,389.	1,111,389.		
$\overline{}$	<u> </u>	Net income or (loss) from sa	les of inventory	Business Code	1,111,001.	2,222,000.		
sn	44 ~	MISC INCOME		900099	10,000.	10,000.		
e eo	11 a	•		,,,,,	10,000.	10,000.		
Miscellaneous Revenue	b							
Sce	C							<u> </u>
Ξ̈́		All other revenue			10 000			
		Total. Add lines 11a-11d			10,000.	1 101 200		200 255
	12	Total revenue. See instructions	3		63,177,502.	1,121,389.	0.	280,055.

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Form **990** (2022)

#### 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	nse or note to any line in t (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	558.	558.		
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	45,093,129.	45,093,129.		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	1,394,242.	887,502.	301,210.	205,530
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	10.001.000			
7 Other salaries and wages	12,081,098.	7,690,199.	2,609,981.	1,780,918
8 Pension plan accruals and contributions (include	380 000	025 525	E0 000	F. F
section 401(k) and 403(b) employer contributions)	370,022.	235,537.	79,939.	54,546
9 Other employee benefits	1,088,137.	691,826.	178,836.	217,475
10 Payroll taxes	1,002,087.	649,301.	191,135.	161,651
Fees for services (nonemployees):				
a Management				
<b>b</b> Legal	45.000		45.000	
<b>c</b> Accounting	45,200.		45,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	F 044		F 044	
f Investment management fees	5,844.		5,844.	
g Other. (If line 11g amount exceeds 10% of line 25,	953 000	422 561	250 074	161 564
column (A), amount, list line 11g expenses on Sch 0.)	853,099.	432,561. 56,210.	258,974.	161,564 36,473
Advertising and promotion	92,683.	997,092.	F2 221	
Office expenses	477,767.	170,112.	53,321. 96,011.	935,819 211,644
Information technology	4//,/0/.	170,112.	90,011.	211,044
15 Royalties	2,212,506.	2,178,910.	20,004.	13 502
6 Occupancy	1,429,857.	1,323,781.	31,281.	13,592 74,795
77 Travel	1,429,037.	1,323,701.	31,201.	74,733
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
20 Interest				
Payments to affiliates	699,790.	644,905.	37,123.	17,762
Depreciation, depletion, and amortization	264,421.	169,426.	56,564.	38,431
23 Insurance 24 Other expenses. Itemize expenses not covered	201,121.	105,120.	30,301.	30, 131
above. (List miscellaneous 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 DONOR APPRECIATION	285,430.			285,430
b CHARITABLE DONATIONS	199,327.	199,327.		, , , , , , , , , , , , , , , , , , , ,
c MISCELLANEOUS	127,851.	93,955.	29,207.	4,689
d MEALS AND ENTERTAINMENT	96,681.	89,509.	2,115.	5,057
e All other expenses	174,340.	83,922.	77,262.	13,156
25 Total functional expenses. Add lines 1 through 24e	69,980,301.	61,687,762.	4,074,007.	4,218,532
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** (2022)

# Form 990 (2022) Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			259,163.	1	2,645,346.
	2	Savings and temporary cash investments			27,087,643.	2	17,374,890.
	3	Pledges and grants receivable, net			331,335.	3	549,647.
	4	Accounts receivable, net			276.	4	216.
	5	Loans and other receivables from any current				-	
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons describ	•	,		6	
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,920,505.	8	8,164,124.
As	9				231,214.	9	282,789.
		Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D		10,693,118.			
	b			6,992,603.	3,759,146.	10c	3,700,515.
	11	Investments - publicly traded securities			, ,	11	, ,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,308,313.	15	5,732,481.
	16	Total assets. Add lines 1 through 15 (must ed			39,897,595.	16	38,450,008.
	17	Accounts payable and accrued expenses	5,416,053.	17	4,885,765.		
	18	Grants payable			· ·	18	
	19					19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet		1		21	
"	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ij		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre	•			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	,		0.	25	5,381,018.
	26	Total liabilities. Add lines 17 through 25			5,416,053.	26	10,266,783.
		Organizations that follow FASB ASC 958, c	heck here	e X			
es		and complete lines 27, 28, 32, and 33.		_			
auc	27				30,911,647.	27	23,605,724.
Bal	28	Net assets with donor restrictions			3,569,895.	28	4,577,501.
P		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.	,	_			
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets.	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			34,481,542.	32	28,183,225.
~	33	Total liabilities and net assets/fund balances			39,897,595.	33	38,450,008.
					, , ,		Form <b>990</b> (20)

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Pa	t 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	63	177,	502.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69	980,	301.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	802,	799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	481,	542.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		504,	482.
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	28	,183,	225.
Pa	t 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** FEED MY STARVING CHILDREN INC. 41-1601449 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	43,743,442.	48,288,254.	47,209,648.	61,587,260.	61,776,058.	262,604,662.
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	43,743,442.	48,288,254.	47,209,648.	61,587,260.	61,776,058.	262,604,662.
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)						734,242.
6	Public support. Subtract line 5 from line 4.						261,870,420.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	43,743,442.	48,288,254.	47,209,648.	61,587,260.	61,776,058.	262,604,662.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	65,254.	83,551.	121,813.	76,370.	336,260.	683,248.
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						263,287,910.
	Gross receipts from related activities,	etc (see instructio	ne)			12	6,808,223.
	<b>First 5 years.</b> If the Form 990 is for the	•		ourth or fifth tax v	ear as a section 50		, , ,
.0	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	99.46 %
	Public support percentage from 2021					15	99.84 %
	33 1/3% support test - 2022. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te					viriow and organiz	
ŀ	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	_					. 570 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
-13	ato roundation. Il the organizatio	ala not oncon a l	100 TO, 100	., 100, 11a, 01 11b	, or look trill box at		/Form 990) 2022

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

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Schedule A (Form 990) 2022

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion 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).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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.	3		
Sect	tion 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 instruction	ns).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

FEED MY STARVING CHILDREN, INC.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
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 0.015 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 0.035.	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 0.85 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	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			$\neg$	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in <b>Part VI.</b> See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
·	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o <sub>j</sub>				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021  Excess from 2022					
е	EAUGOO HUHI ZUZZ					

Schedule A (Form 990) 2022

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

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

2022

FE	EED MY STARVING CHILDREN, INC.	41-1601449
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	al Rule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y one contributor. Complete Parts I and II. See instructions for determining a contrib	• • • • • • • • • • • • • • • • • • • •
Special Rules		
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of Z, line 1. Complete Parts I and II.	b, and that received from any one
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fig the year, total contributions of more than \$1,000 exclusively for religious, charitable ional purposes, or for the prevention of cruelty to children or animals. Complete Part b) instead of the contributor name and address), II, and III.	ele, scientific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for exclusively for religious, charitable, etc., purposes, but no such contributions total here the total contributions that were received during the year for an exclusively released eany of the parts unless the <b>General Rule</b> applies to this organization because, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000. If this box ligious, charitable, etc., use it received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 ng requirements of Schedule B (Form 990).	· ·
LHA For Paperwork Reduct	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2 Employer identification number Name of organization FEED MY STARVING CHILDREN, INC. 41-1601449

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		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rume, address, und En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization Employer identification number

FEED MY STARVING CHILDREN, INC. 41 - 1601449Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990) (2022)

ame or or	ganization			Employer identification number		
EED MY	STARVING CHILDREN, INC.  Exclusively religious. charitable. etc contributi	ons to organizations described	in section 501	41 – 1601449 (c)(7), (8), or (10) that total more than \$1,000 for the yea		
<b></b> •	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following lin	ne entry. For ord	ianizations		
	Use duplicate copies of Part III if additional	space is needed.	or record for the	year. (Enter this fine, office,)		
(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, a	nd ZIP + 4	Re	lationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(a) Tunnafau				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
( ) ) )						
(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, a	nd ZIP + 4	Re	lationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
T CITE						
	Transference name address -	(e) Transfer (		lationship of transferor to transferor		
-	Transferee's name, address, a	na ZIP + 4	Ke	lationship of transferor to transferee		

#### 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.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

FEED MY STARVING CHILDREN, INC. 41-1601449 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2022

Assets included in Form 990, Part X

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		214,200.		214,200.
<b>b</b> Buildings		1,388,286.	307,950.	1,080,336.
c Leasehold improvements		4,530,078.	2,984,231.	1,545,847.
<b>d</b> Equipment		2,973,907.	2,647,837.	326,070.
e Other		1,586,647.	1,052,585.	534,062.
Total. Add lines 1a through 1e. (Column (d) must equa	3,700,515.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FEED MY STARVING	CHILDREN, INC.		41-1601449 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		<del></del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (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.	
	Description	, ,	(b) Book value
(1) SECURITY DEPOSITS	r · ·		81,594
(2) EMPLOYEE RETENTION CREDIT REFUND			1,157,577
(3) ROU - OPERATING LEASES			4,493,310
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	451		5 722 401
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	9 75.)		5,732,481
Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 or 11f Soo Form 000 Bort V line	25
(a) Description of liability	on Form 330, Fart IV, IIIIE	FITE OF THE OCCUPANT ASSO, PAREX, IIIIE	/b) Pook value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	5,381,018.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,381,018.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	83,559,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		18,918,364.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,463,730.		
е	Add lines 2a through 2d			2e	20,382,094.
3	Subtract line <b>2e</b> from line <b>1</b>			3	63,177,502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	63,177,502.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		, , .
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		•		
1	T			1	89,857,913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	05,007,520,
	· · · · · · · · · · · · · · · · · · ·	2a	18,413,882.		
a	Donated services and use of facilities		10,413,002.		
D	Prior year adjustments				
C	Other losses		1,463,730.		
d	Other (Describe in Part XIII.)	•			10 977 612
	Add lines 2a through 2d			2e	19,877,612.
3	Subtract line 2e from line 1			3	69,980,301.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	69,980,301.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	•	•	; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inform	nation.		
PART	X, LINE 2:				
MANA	GEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CON	CLUDED THERE			
WERE	NO UNCERTAIN TAX POSITIONS (INCLUDING UNRELATED BUSINESS	INCOME)			
THAT	REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
COST	OF SALES - MARKET PLACE	1,407,525	•		
SPEC	IAL EVENT EXPENSE	54,441			
LOSS	ON DISPOSAL OF ASSETS	1,764	•		
		·			
тота	L TO SCHEDULE D, PART XI, LINE 2D	1,463,730	•		
	, ,	, ,			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
	,				

## SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identifi	cation number
FEED MY STARVING CHILD	REN INC.				41-1601449	
		ctivities Out	side the United States. Compl	ete if the organ		'es" on
Form 990, Part IV			oras tris orintea states. Compr	ete ii tile organ	iization answered i	es on
,	•	maintain record	ds to substantiate the amount of its gra	ints and other	assistance.	
<u> </u>	•		he selection criteria used to award the			Yes No
g	g			9		
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
United States.			· ·			
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	ın be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to	1	e specific type (s) in the region	investments
		in the region	recipients located in the region)	Of Service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,				MEAL AID, I	FREIGHT,	
ARUBA, BAHAMAS,			PROGRAM SERVICES	SUPPLIES, I	FUNDS	25,798,279.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,						
CAMBODIA,			PROGRAM SERVICES	MEAL AID, I	FREIGHT, FUNDS	5,405,094.
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,				l		
DJIBOUTI, EGYPT,			PROGRAM SERVICES	MEAL AID		328,499.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED			DDOGDAM GEDULGEG	MEAT ATD		04 176
RUSSIA AND			PROGRAM SERVICES	MEAL AID		94,176.
NEIGHBORING STATES -						
ARMENIA, AZERBIJAN, BELARUS,			PROGRAM SERVICES	MEAL AID		1,588,574.
SOUTH AMERICA -			ROGRAM DERVICES	MEAD AID		1,300,374.
ARGENTINA, BOLIVIA,						
BRAZIL, CHILE,				MEAL AID, I	FREIGHT	
COLUMBIA, ECUADOR,			PROGRAM SERVICES	SUPPLIES, I	,	931,871.
SOUTH ASIA -				,		
AFGHANISTAN,						
BANGLADESH, BHUTAN,						
INDIA, MALDIVES,			PROGRAM SERVICES	MEAL AID		345,825.
SUB-SAHARAN AFRICA -						,
ANGOLA, BENIN,						
BOTSWANA, BURKINA				MEAL AID, E	FREIGHT,	
FASO,			PROGRAM SERVICES	SUPPLIES, I		9,044,928.
3 a Subtotal	0	0				43,537,246.
<b>b</b> Total from continuation						
sheets to Part I	0	0				1,555,881.
c Totals (add lines 3a						
and 3b)	0	0				45,093,127.

232071 10-17-22

Schedule F (Form 990) 2022

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Part I Continuation	on of Activitie	s per Region	• (Schedule F (Form 990), Part I, line 3	)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM			PROGRAM SERVICES	MEAL AID, FUNDS	1,555,881.
	+				
Totals					1,555,881.
าบเสเจ					1,555,001.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA	AID	0.		191,946.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		54,160.	MENIC	MEAL COST
		AFRICA	AID	0.		54,160.	MEALS	MEAL COST
		MIDDLE EAST &						
		NORTH AFRICA	AID	0.		108,320.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		731,457.	MEALS	MEAL COST
		MIDDLE EAST &						
			AID	0.		27,018.	MEALS	MEAL COST
						27,020.		
		SOUTH ASIA	AID	0.		176,000.	MEALS	MEAL COST
		G T T T T T T T T T T T T T T T T T T T						
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27 019	MENTC	MENI COCIII
		CARIBBEAN	WID	0.		27,018.	INDALIA INDALIA	MEAL COST
		NORTH AMERICA	AID	0.		40,140.	MEALS	MEAL COST

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or ent	ntities
--	---------

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA &						
		NEIGHBORING						
		STATES	AID	0.		189,873.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		96,749.	MEALS	MEAL COST
				-		, .		
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		218,542.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		137,529.	MEALS	MEAL COST
		SUB-SAHARAN				54.035		, , , , , , , , , , , , , , , , , , ,
		AFRICA	AID	0.		54,035.	MEALS	MEAL COST
		NORTH AMERICA	AID	0.		27,018.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		27,143.	MEXIC	MEAL COST
		AFRICA	AID.	· ·		27,143.	HEALS	MEAN COST
		EAST ASIA &						
		PACIFIC	AID	0.		27,018.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		113,942.	MEALS	MEAL COST
					I.			

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			AID	0.		169,178.	MEALS	MEAL COST
		MIDDLE EAST &						
			AID	0.		30,198.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		237,327.	MEALS	MEAL COST
		NORTH AMERICA	AID	0.		27,018.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		31,363.	MEALS	MEAL COST
		EUROPE	AID	0.		27,018.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		162,230.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		27,018.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		163,946.	MEALS	MEAL COST

Part II Continuation o	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			AID	0.		81,910.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		605,375.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		4,699,336.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		406,557.	MEALS	MEAL COST
		EUROPE	AID	0.		407,729.	MEALS	MEAL COST
		DIICCIA						
		RUSSIA & NEIGHBORING						
		STATES	AID	0.		786,099.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		141,560.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		2,490,105.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		81,178.	MEALS	MEAL COST

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			AID	0.		298,426.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		54,893.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		117,676.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		220,429.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		6,175.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		6,576,630.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		461,407.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		288,187.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		27,018.	MEALS	MEAL COST

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		535,601.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		81,053.	MEALS	MEAL COST
		EAST ASIA &						
		PACIFIC	AID	0.		27,018.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		27,143.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		54,035.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		136,803.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		27,018.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		27,143.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		54,035.	MEALS	MEAL COST

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	( <b>b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			AID	0.		54,807.	MEALS	MEAL COST
						,		
		CENTRAL AMERICA & CARIBBEAN	AID	0.		112 110	MEALC	MEAL COST
		CARIBBEAN	AID	0.		443,449.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		54,035.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		2,088,355.	MEALS	MEAL COST
		GUD GAUADAN						
		SUB-SAHARAN AFRICA	AID	0.		189,748.	MEALS	MEAL COST
						205,7201		
		SUB-SAHARAN						
		AFRICA	AID	0.		135,088.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		27,875.	MEALS	MEAL COST
		Duggia c						
		RUSSIA & NEIGHBORING						
			AID	0.		27,018.	MEALS	MEAL COST
						,		
		EAST ASIA & PACIFIC	חדה	^		242 702	MENTC	MENT COGE
		LUCILIC .	AID	0.		243,783.	MEALS	MEAL COST

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			AID	0.		136,585.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		54,035.	MEALS	MEAL COST
		SOUTH ASIA	AID	0.		87,228.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		1,598,848.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		244,033.	MEALS	MEAL COST
		EUROPE	AID	0.		336,258.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		2,385,424.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		27,018.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		108,070.	MEALS	MEAL COST

Part II Continuation	ntinuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		CENTRAL AMERICA &							
		1	AID	0.		266,173.	MEALS	MEAL COST	
		CENTRAL AMERICA &							
			AID	0.		55,704.	MEALS	MEAL COST	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		CENTRAL AMERICA & CARIBBEAN	AID	0.		1,476,573.	MEATC	MEAL COST	
		CARIDBEAN	AID	0.		1,470,575.	MEALS	MEAL COST	
		SUB-SAHARAN							
		AFRICA	AID	0.		432,656.	MEALS	MEAL COST	
		CENTRAL AMERICA &							
		CARIBBEAN	AID	0.		27,018.	MEALS	MEAL COST	
		CENTRAL AMERICA &							
			AID	0.		108,570.	MEALS	MEAL COST	
		RUSSIA & NEIGHBORING							
			AID	0.		339,899.	MEALS	MEAL COST	
						,			
		EUROPE	AID	0.		108,349.	MEALS	MEAL COST	
		201.01 1				100,545.			
		CENTRAL AMERICA &		_					
		CARIBBEAN	AID	0.		602,373.	MEALS	MEAL COST	

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		86,049.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		54,160.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		15,439.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		278,917.	MEALS	MEAL COST
		RUSSIA &						
		NEIGHBORING						
		STATES	AID	0.		27,018.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		162,963.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		81,053.	MEALS	MEAL COST
		EAST ASIA &						
		PACIFIC	AID	0.		81,053.	MEALS	MEAL COST
		EUROPE	AID	0.		110,254.	MEALS	MEAL COST

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		612,469.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		437,069.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		2,465,296.	MEALS	MEAL COST
		EUROPE	AID	0.		535,930.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		461,514.	MEALS	MEAL COST
		RUSSIA &						
		NEIGHBORING						
		STATES	AID	0.		163,088.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		244,641.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		27,018.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		1,328,987.	MEALS	MEAL COST

SUB-SAHARAN APRICA AID  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  270,175, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  244,873, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  27,143, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  27,143, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  27,018, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  27,018, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  194,558, MEALS  MEAL COST  CENTRAL AMERICA 4 CARIBBEAN  AID  O.  114,160, MEALS  MEAL COST	Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
AFRICA AID 0. 270,175. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 244,873. MEALS MEAL COST  BOUTH AMERICA AID 0. 54,160. MEALS MEAL COST  EUROPE AID 0. 27,143. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST		1 ' '	(c) Region			1 ''	non-cash	of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
AFRICA AID 0. 270,175. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 244,873. MEALS MEAL COST  SOUTH AMERICA AID 0. 54,160. MEALS MEAL COST  EUROPE AID 0. 27,143. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST									
AFRICA AID 0. 270,175. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 244,873. MEALS MEAL COST  BOUTH AMERICA AID 0. 54,160. MEALS MEAL COST  EUROPE AID 0. 27,143. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST			SUB-SAHARAN						
CARIBBEAN AID 0. 244,873.MEALS NEAL COST  SOUTH AMERICA AID 0. 54,160.MEALS NEAL COST  EUROPE AID 0. 27,143.MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614.MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018.MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558.MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558.MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160.MEALS NEAL COST				AID	0.		270,175.	MEALS	MEAL COST
CARIBBEAN AID 0. 244,873. MEALS NEAL COST  SOUTH AMERICA AID 0. 54,160. MEALS NEAL COST  EUROPE AID 0. 27,143. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS NEAL COST									
CARIBBEAN AID 0. 244,873. MEALS NEAL COST  SOUTH AMERICA AID 0. 54,160. MEALS NEAL COST  EUROPE AID 0. 27,143. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS NEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS NEAL COST			CENTERAL AMERICA C						
SOUTH AMERICA AID  0. 54,160. MEALS  MEAL COST  EUROPE  AID  0. 27,143. MEALS  MEAL COST  CENTRAL AMERICA & CARIBBEAN  AID  0. 489,614. MEALS  MEAL COST  CENTRAL AMERICA & CARIBBEAN  AID  0. 27,018. MEALS  MEAL COST  CENTRAL AMERICA & CARIBBEAN  AID  0. 194,558. MEALS  MEAL COST  CENTRAL AMERICA & CARIBBEAN  AID  0. 194,558. MEALS  MEAL COST				AID	0.		244,873.	MEALS	MEAL COST
EUROPE AID 0. 27,143. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST							,		
EUROPE AID 0. 27,143. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST									
EUROPE AID 0. 27,143. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST			SOUTH AMERICA	ATD	0		54 160	MEALS	MEAL COST
CENTRAL AMERICA & CARIBBEAN AID 0. 489,614.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160.MEALS MEAL COST							01,200.		
CENTRAL AMERICA & CARIBBEAN AID 0. 489,614.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160.MEALS MEAL COST									
CENTRAL AMERICA & CARIBBEAN AID 0. 489,614.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558.MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160.MEALS MEAL COST			THE OPE	3.70	0		27 142	MENT G	MILL GOOM
CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST			EUROPE	AID	0.		27,143.	MEALS	MEAL COST
CARIBBEAN AID 0. 489,614. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST									
CENTRAL AMERICA & CARIBBEAN AID 0. 27,018. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST									
CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST			CARIBBEAN	AID	0.		489,614.	MEALS	MEAL COST
CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST									
CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST			CENTRAL AMERICA &						
CENTRAL AMERICA & CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST			CARIBBEAN	AID	0.		27,018.	MEALS	MEAL COST
CARIBBEAN AID 0. 194,558. MEALS MEAL COST  CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST									
CENTRAL AMERICA & CARIBBEAN AID 0. 114,160. MEALS MEAL COST			CENTRAL AMERICA &						
CARIBBEAN AID 0. 114,160.MEALS MEAL COST			CARIBBEAN	AID	0.		194,558.	MEALS	MEAL COST
CARIBBEAN AID 0. 114,160. MEALS MEAL COST									
CARIBBEAN AID 0. 114,160. MEALS MEAL COST			CENTRAL AMERICA &						
				AID	0.		114,160.	MEALS	MEAL COST
			SUB-SAHARAN						
AFRICA AID 0. 434,246.MEALS MEAL COST				AID	0.		434,246.	MEALS	MEAL COST

Part II Continuation o	Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			AID	0.		27,018.	MEALS	MEAL COST
		MIDDLE EAST &						
			AID	0.		54,893.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		819,618.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		27,018.	MEALS	MEAL COST
		SOUTH ASIA	AID	0.		81,053.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		437,974.	MEALS	MEAL COST
		MIDDLE EAST &						
		NORTH AFRICA	AID	0.		108,070.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		136,070.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		135,463.	MEALS	MEAL COST

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA &						
		NEIGHBORING STATES	AID	0.		54,035.	MEAT.S	MEAL COST
		DIAIES	WID	0.		34,033.	MEALS	MEAL COST
		CENTRAL AMERICA &	FREIGHT	24,165.		0.		
				,				
		CENTRAL AMERICA &						
		CARIBBEAN	FREIGHT	90,262.		0.		
		EAST ASIA &						
		PACIFIC	FREIGHT	11,922.		0.		
		SUB-SAHARAN AFRICA	FREIGHT	93,471.		0.		
		EAST ASIA & PACIFIC	FREIGHT	7 640		0.		
		PACIFIC	FREIGHT	7,640.		0.		
		EAST ASIA &						
			FREIGHT	24,000.		0.		
		SOUTH AMERICA	FREIGHT	11,188.		0.		
		CENTRAL AMERICA &						
		CARIBBEAN	FREIGHT	6,718.		0.		

Part II Continuation o	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			FREIGHT	114,420.		0.		
		SUB-SAHARAN						
		AFRICA	FUNDS	18,127.		0.		
		EAST ASIA &						
			FUNDS	9,755.		0.		
		CENTRAL AMERICA &						
			FUNDS	19,508.		0.		
		CENTRAL AMERICA &						
			FUNDS	6,110.		0.		
		CENTRAL AMERICA &						
		CARIBBEAN	FUNDS	10,081.		0.		
		SUB-SAHARAN						
		AFRICA	FREIGHT	17,912.		0.		
		CENTRAL AMERICA &						
			FREIGHT	7,200.		0.		
		SOUTH AMERICA	FUNDS	13,017.		0.		

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			FUNDS	5,250.		0.		
		SUB-SAHARAN						
			FUNDS	9,457.		0.		
		CENTRAL AMERICA &						
			FUNDS	35,360.		0.		
				,				
		TRACE ROLL C						
		EAST ASIA & PACIFIC	FUNDS	42,868.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	17,680.		0.		
			1 01125	17,000.				
		SUB-SAHARAN AFRICA	FUNDS	6,603.		0.		
		IIIIIOA	L 01123	0,003.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	8,840.		_		
		CANIDDEAN	E OTIDO	0,040.		0.		
		SUB-SAHARAN	EINDG	6 600		_		
		AFRICA	FUNDS	6,603.		0.		

			tes. Complete ii	the organization answered "Yes"	on Form 990, Part	IV, line 16.	
III can be duplicated if a grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, 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 instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	ADVING CUIIDDEN INC					Employer ide 41-160144	ntification number
	ARVING CHILDREN, INC.  Complete if the organization answe	rod "V	'00" Or	a Form 000 Port IV I	ino 1		
required to complete this par		ereu r	es or	1 FORM 990, Part IV, I	ine i	7. FOIIII 990-EZ	mers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments</li> </ul>	sed funds through any of the following sed funds through any of the following Solicitate for oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			<u> </u>				
Total		<u></u> .					
List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	<b>Z</b> .		Schedule	G (Form 990) 2022

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		or iditionaling event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			DREAMS	'22 FIAT	2	col. (c))
<u>o</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	716,356.	667,806.	646,990.	2,031,152.
	2	Less: Contributions	713,656.	667,806.	646,990.	2,028,452.
	3	Gross income (line 1 minus line 2)	2,700.			2,700.
	4	Cash prizes				
Se	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	7,842.	3,860.		11,702.
٦	8	Entertainment				
	9	Other direct expenses		10,011.		45,439.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			57,141.
_		Net income summary. Subtract line 10 from li				-54,441.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % 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)			
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these s	states?		Yes No
•	_					
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_				0.1.	dula 0 (Faura 200) 2000
2320	32 10	)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FEED MY STARVING CHILDREN, INC.	1-1601445	9	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\ \ \	Yes	No
	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?	D	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	t		
c	s 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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<b></b>		
Рa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III line		)h 10h
ı u		Part III, IIIIe	es 9, s	<i>1</i> 0, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule 6	G (Form 990)	FEED MY STARVING CHILDREN, INC.	41-1601449	Page 4
Part IV	G (Form 990)  Supplemental Info	mation (continued)		<u> </u>
	• • •	Continuedy		

### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

FEED MY STARVING CHILDREN, INC.

Employer identification number 41-1601449

Pa	art I Questions Regarding Compensation						
			Yes	No			
<b>1</b> a	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					
2	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					
3	Indicate which, if any, of the following the 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						
	Independent compensation consultant  X Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
	Receive a severance payment or change-of-control payment?	<u>4a</u>		X			
	b Participate in or receive payment from a supplemental nonqualified retirement plan?						
С	c Participate in or receive payment from an equity-based compensation arrangement?						
	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.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:		Х				
	The organization?	5a	Λ	x			
a	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b					
6							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
_	contingent on the net earnings of:	60		х			
	The organization?	6a		X			
b	Any related organization?	6b					
7	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	7		х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b>—</b>					
0		8		х			
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
9	Regulations section 53.4958-6(c)?	9					
	10guiations 300tion 00.7000 o(o):	_ <del>3</del>					

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Schedule J (Form 990) 2022

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARK CREA	(i)	235,140.	59,000.	0.	12,200.	12,415.	318,755.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANDY CARR	(i)	170,948.	19,001.	0.	8,173.	14,151.	212,273.	0.	
VP OF DEVELOPMENT & MARKET	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DAN STENNES-ROGNESS	(i)	132,900.	14,818.	0.	6,373.	13,503.	167,594.	0.	
VP OF FINANCE/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JEANIE PICARDI	(i)	138,897.	14,772.	0.	6,353.	7,532.	167,554.	0.	
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LISA STENDER	(i)	144,370.	15,429.	0.	5,807.	1,942.	167,548.	0.	
VP OF MANUFACTURING	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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 5:
ACCRUED COMPENSATION
THE ORGANIZATION ACCRUES AN ANNUAL INCENTIVE BASED ON THE ATTAINMENT OF
CERTAIN ORGANIZATIONAL GOALS INCLUDING REVENUES RAISED, MEALS PRODUCED AND
EXPENSE MANAGEMENT.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

		FEED MY STARVIN	G CHILDREN,	INC.			4	1-160144	9	
Par	tl Ty	pes of Property								
	•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method on	(d) of determin tribution ar	•	s
1	Art - Work	s of art								
2		rical treasures								
3		ional interests								
4		d publications								
5		ınd household goods	<b>I</b>							
6		other vehicles								
7		l planes								
8		al property								
9	Securities	- Publicly traded	Х	154	977,019.	FMV				
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust inter	ests								
12	Securities	- Miscellaneous								
13	Qualified of	conservation contribution -								
	Historic st	ructures				<u> </u>				
14	Qualified of	conservation contribution - Other				Ь				
15		e - Residential				<u> </u>				
16	Real estat	e - Commercial				<u> </u>				
17	Real estat	e - Other				<u> </u>				
18	Collectible	es				<u> </u>				
19	Food inve	ntory	Х	1	3,346.	<u> </u>				
20	Drugs and	d medical supplies				<u> </u>				
21	Taxidermy	<i>'</i>				<u> </u>				
22	Historical	artifacts								
23		specimens								
24	Archeolog	jical artifacts								
25	Other	( EQUIPMENT/SUPPL	) <u>X</u>	25	11,727.					
26	Other	( AUCTION ITEMS	) <u>X</u>	3	4,900.	FMV				
27	Other	(	.)			<u> </u>				
28	Other	(	)							
29		f Forms 8283 received by the org								
	for which	the organization completed Form	1 8283, Part V, D	Oonee Acknowledg	ement <b>29</b>					1
									Yes	No
30a	•	e year, did the organization receiv	•		,		that it			
		for at least 3 years from the date								
		urposes for the entire holding per						30a		Х
	•	escribe the arrangement in Part I								
31		organization have a gift acceptan	•	•	•	:ions?		31	Х	
32a		organization hire or use third part		•						
_	contribution							32a		Х
		escribe in Part II.								
33		inization didn't report an amount	in column (c) fo	r a type of property	tor which column (a) is chec	cked,				
	describe i	n Part II.						ula NA /Faur		

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

## 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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number 41-1601449

FORM 990, PART III, LINE 4A FEED MY STARVING CHILDREN (FMSC) IS A CHRISTIAN NON-PROFIT ORGANIZATION COMMITTED TO FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT. DUE TO THE CURRENT STATE OF MALNUTRITION WORLDWIDE. ONE OUT OF FOUR CHILDREN IS "STUNTED" - THEY DO NOT RECEIVE ENOUGH ESSENTIAL NUTRIENTS TO GROW HEALTHY, AND AS A RESULT, BRAIN DEVELOPMENT COMES TO A HALT. WE BELIEVE THAT ALL PROGRESS STARTS WITH NUTRITION - IT ALLOWS CHILDREN TO DEVELOP TO THEIR FULL POTENTIAL. VOLUNTEERS OF ALL AGES JOIN US AND TURN HUNGER INTO HOPE WITH THEIR OWN TWO HANDS BY HAND-PACKING SPECIAL MEAL FORMULAS SCIENTIFICALLY DESIGNED TO MEET THE NEEDS OF SEVERELY MALNOURISHED CHILDREN, REVERSE THE EFFECTS OF MALNUTRITION AND PREVENT IT IN THE FUTURE. THE MEALS ARE THEN SHIPPED TO AN EXCEPTIONAL NETWORK OF MISSIONS AND HUMANITARIAN ORGANIZATIONS LOCATED IN NEARLY 70 COUNTRIES AROUND THE WORLD, AND ARE USED BY SCHOOLS, ORPHANAGES CLINICS AND FEEDING PROGRAMS. FMSC PROVIDED 447.5 MILLION MEALS TO OUR NETWORK OF PARTNERS DURING FY2022-23. FMSC WELCOMED 911 THOUSAND VOLUNTEERS TO PACKAGE MEALS AT OUR PERMANENT SITES AND MOBILEPACK EVENTS. WE CURRENTLY OPERATE OUT OF EIGHT PERMANENT SITES: COON RAPIDS, EAGAN AND CHANHASSEN, MINNESOTA; AURORA, LIBERTYVILLE AND SCHAUMBURG ILLINOIS; RICHARDSON, TEXAS; AND MESA, ARIZONA. WE ALSO OFFER THE OPTION TO HOST A MOBILEPACK, WHICH GIVES CHURCHES, SCHOOLS AND OTHER ORGANIZATIONS (LOCATED ANYWHERE IN THE CONTINENTAL UNITED STATES) THE CHANCE TO SPONSOR A PACKING EVENT WITH FMSC AND HELP RAISE AWARENESS IN THEIR OWN COMMUNITIES.

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization FEED MY STARVING CHILDREN, INC. 41-1601449 THE GOAL OF FMSC IS TO MEET THE NEEDS OF THOSE WHO ARE STARVING NOW, SO THEY CAN MEET THEIR OWN NEEDS IN THE FUTURE. WE HAVE RECEIVED A FOUR-STAR RATING FROM CHARITY NAVIGATOR FOR SIXTEEN CONSECUTIVE YEARS AND 99.8% OF OUR MEALS HAVE SUCCESSFULLY REACHED THEIR INTENDED RECIPIENTS. FORM 990, PART III, LINE 4B THE ORGANIZATION ALSO SUPPORTS ECONOMIES WHERE IT DISTRIBUTES MEALS BY PURCHASING HANDMADE CRAFTS AND RESELLING THEM IN ITS MARKETPLACE AVAILABLE AT ALL PACKING SITES, ONLINE, AND MOST MOBILE PACKING EVENTS. THE GOALS OF MARKETPLACE ARE TWO-FOLD, FIRST TO PROMOTE SELF-SUFFICIENCY IN THE COMMUNITIES FMSC SERVES, WHICH WILL IN TURN CONTRIBUTE TO THE GOAL OF COMBATING HUNGER, AND SECOND, TO EDUCATE THE ORGANIZATION'S VOLUNTEERS ABOUT THE PEOPLE THEY ARE HELPING FEED AND PROVIDE A TANGIBLE CONNECTION TO THOSE INDIVIDUALS. FORM 990, PART VI, SECTION B, LINE 11B: PROCESS THE ORGANIZATION USES TO REVIEW FORM 990: A COPY OF FORM 990 IS INTERNALLY REVIEWED BY THE CEO AND THE VP OF FINANCE. IT IS THEN REVIEWED AND APPROVED BY THE AUDIT AND IT COMMITTEE (TO WHOM THE BOARD HAS DELEGATED THIS AUTHORITY). THE APPROVED 990 IS SENT TO THE BOARD OF DIRECTORS TO READ AND ASK ANY QUESTIONS THEY MIGHT HAVE PRIOR TO FILING THE RETURN WITH THE IRS. AFTER ALL QUESTIONS ARE ANSWERED, THE 990 IS FINALIZED. A FINAL, SIGNED COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS UPON FILING.

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** FEED MY STARVING CHILDREN, INC. 41-1601449 FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY/ENFORCEMENT: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON (AS DEFINED IN THE POLICY) MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS RELATING TO HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS OR MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING COMPENSATION: ANNUALLY THE BOARD APPROVES A TOTAL BUDGET TO BE ALLOCATED FOR COMPENSATION INCREASES ACROSS THE ENTIRE EMPLOYEE POPULATION. THE CEO IS ALLOCATED THE SAME PERCENTAGE AS ALL OTHER MANAGERS TO AWARD AT THEIR DISCRETION TO EACH MEMBER OF THE EXECUTIVE STAFF. THE CEO EVALUATES EXECUTIVE STAFF MEMBERS PERFORMANCE AND AWARDS A MERIT BASED ON INDIVIDUAL PERFORMANCE AND MARKET STANDARDS. THE CEO IS GIVEN A PERFORMANCE APPRAISAL BY THE BOARD CHAIR BASED ON THE INPUT FROM THE EXECUTIVE COMMITTEE OF THE BOARD AND THE FULL BOARD. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE ANALYSIS PROVIDED BY THE ASSIGED HUMAN RESOURCE REPRESENTATIVE OR THIRD PARTY SOURCE FOR THE CEO. NEW COMPENSATION AMOUNT FOR THE CEO IS RECOMMENDED BY THE EXECUTIVE COMMITTEE TO THE ENTIRE BOARD AND APPROVED, DISAPPROVED, OR NEW AMOUNT RECOMMENDED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 41-1601449 FEED MY STARVING CHILDREN, INC. AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,NDOH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 18: HOW FORM 1023 AND 990 ARE PROVIDED TO THE PUBLIC: COPIES OF ALL INFORMATION ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH GUIDESTAR AND CHARITY REVIEW COUNCIL, AS WELL AS ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: HOW GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC: COPIES OF ALL INFORMATION ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH GUIDESTAR AND CHARITY REVIEW COUNCIL, AS WELL AS ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD 2,518,914 GROSS SALES LESS RETURNS AND ALLOWANCES

409,710 INVENTORY AT BEGINNING OF YEAR

2,054,938 SUBTOTAL

1,645,228 PURCHASES

647,413 MINUS ENDING INVENTORY

1,407,525 COST OF GOODS SOLD

Schedule O (Form 990) 2022