

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 03/01, 2019, and ending 02/28, 2020

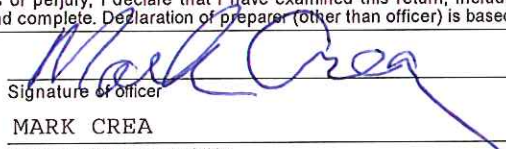
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>FEED MY STARVING CHILDREN, INC.</u>		D Employer identification number <u>41-1601449</u>
	Doing business as		E Telephone number <u>(763) 504-2919</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>52,266,618.</u>
	<u>401 93RD AVE NW</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>COON RAPIDS, MN 55433</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>MARK CREA</u> <u>401 93RD AVE NW, COON RAPIDS, MN 55433</u>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: <u>WWW.FMSC.ORG</u>		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1986</u>	M State of legal domicile: <u>MN</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 39			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	43,743,442.	48,288,254.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,910.	83,931.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,052,700.	1,173,325.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,858,052.	49,545,510.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	26,229,874.	26,437,061.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,611,136.	14,122,577.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,537,275.</u>	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,280,380.	7,825,320.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,121,390.	48,384,958.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,263,338.	1,160,552.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	21,144,897.	21,379,361.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,186,836.	4,957,679.
			12,958,061.	16,421,682.

Part II Signature Block

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

Sign Here	Signature of officer 	Date <u>07/13/2020</u>
	MARK CREA Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name <u>WENDY HARDEN CPA</u>	Preparer's signature <u>WENDY HARDEN CPA</u>	Date <u>07/13/2020</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00956490</u>
	Firm's name ▶ <u>SCHECHTER DOKKEN KANTER</u>	Firm's EIN ▶	Firm's address ▶ <u>100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401</u>	Phone no. <u>612-332-5500</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 41,391,879. including grants of \$ 26,437,061.) (Revenue \$ _____)

PROGRAM SERVICES - SEE SCHEDULE O

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

MARKETPLACE - SEE SCHEDULE O

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 41,391,879.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
DAN STENNES-ROGNESS 401 93RD AVE NW COON RAPIDS, MN 55433 763-231-0157

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK CREA CEO	40.00 0.			X			259,302.	0.	21,772.	
(2) ANDY CARR VP OF DEVELOPMENT & MARKETING	40.00 0.			X			180,879.	0.	19,932.	
(3) MATTHEW MURASKI VP OF INTL PROGRAMS & SUPPLY	40.00 0.			X			170,351.	0.	19,864.	
(4) DAN STENNES-ROGNESS VP OF FINANCE/CFO	40.00 0.			X			141,875.	0.	12,551.	
(5) JEANINE PICARDI VP OF HUMAN RESOURCES	40.00 0.			X			133,483.	0.	18,308.	
(6) LAURA BERNARD VP OF MANUFACTURING	40.00 0.			X			126,576.	0.	14,810.	
(7) BRAD ADAMS BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(8) DREW BANDUSKY BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(9) BRUCE GORTER BOARD SECRETARY	5.00 0.	X		X			0.	0.	0.	
(10) PHIL HANSON BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(11) KIERAN KELLIHER BOARD MEMBER AT LARGE	5.00 0.	X		X			0.	0.	0.	
(12) STEWART MCCUTCHEON BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(13) DEAN NADASDY BOARD CHAIR	5.00 0.	X		X			0.	0.	0.	
(14) ROLLIE RENSTROM BOARD MEMBER	5.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICK RIESGRAF ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(16) DAVID STARK ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(17) GARY TYGESSON ----- BOARD VICE CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(18) CHARLIE WESSER ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(19) JACKIE WYATT ----- BOARD TREASURER	5.00 ----- 0.	X		X				0.	0.	0.
(20) JAVI MCGUIGGAN ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(21) BECKY ROSS MIEKLE ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(22) EVELYN NAKIBUUKA ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(23) BILL JOURNEY ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
1b Sub-total							1,012,466.	0.	107,237.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,012,466.	0.	107,237.	

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 **▶** 6

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,762,615.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	46,525,639.					
	g Noncash contributions included in lines 1a-1f.	1g	\$ 1,059,088.					
	h Total. Add lines 1a-1f			48,288,254.				
	Program Service Revenue				Business Code			
2a _____								
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			83,551.			83,551.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			0.				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
					876,336.	665.		
	b Less: cost or other basis and sales expenses . .	7b			876,621.			
	c Gain or (loss)	7c			-285.	665.		
	d Net gain or (loss)				380.		380.	
8a Gross income from fundraising events (not including \$ 1,762,615. of contributions reported on line 1c). See Part IV, line 18	8a			343,508.				
				454,514.				
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events.				-111,006.		-111,006.		
9a Gross income from gaming activities. See Part IV, line 19	9a			0.				
				0.				
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities.				0.				
10a Gross sales of inventory, less returns and allowances	10a			2,638,095.				
				1,389,973.				
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory.				1,248,122.	1,248,122.			
Miscellaneous Revenue				Business Code				
	11a MISC INCOME			900099	36,209.	36,209.		
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				36,209.				
12 Total revenue. See instructions				49,545,510.	1,284,331.		-27,075.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	26,437,061.	26,437,061.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,129,413.	733,358.	231,237.	164,818.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,891,207.	7,071,949.	2,229,878.	1,589,380.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	285,241.	185,215.	58,400.	41,626.
9 Other employee benefits	948,774.	626,324.	129,941.	192,509.
10 Payroll taxes	867,942.	567,356.	177,314.	123,272.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	41,600.	41,600.		
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	596,627.	287,784.	267,943.	40,900.
12 Advertising and promotion	165,703.	131,483.	2,525.	31,695.
13 Office expenses	1,617,402.	859,963.	53,174.	704,265.
14 Information technology	259,618.	113,043.	35,048.	111,527.
15 Royalties	0.			
16 Occupancy	2,093,581.	2,028,960.	37,574.	27,047.
17 Travel	1,164,021.	1,071,952.	19,928.	72,141.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	29,550.		29,550.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,058,082.	865,673.	112,890.	79,519.
23 Insurance	233,364.	149,538.	48,741.	35,085.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR APPRECIATION	306,300.			306,300.
b MEALS & ENTERTAINMENT	108,105.	99,554.	1,851.	6,700.
c MISCELLANEOUS EXPENSE	79,034.	57,041.	16,860.	5,133.
d BAD DEBT EXPENSE	31,150.	30,000.		1,150.
e All other expenses _____	41,183.	34,025.	2,950.	4,208.
25 Total functional expenses. Add lines 1 through 24e	48,384,958.	41,391,879.	3,455,804.	3,537,275.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,849,843.	1	4,289,512.
	2 Savings and temporary cash investments.	4,546,232.	2	7,492,262.
	3 Pledges and grants receivable, net	682,490.	3	661,019.
	4 Accounts receivable, net.	3,827.	4	5,697.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	6,087,353.	8	3,718,822.
	9 Prepaid expenses and deferred charges	362,687.	9	342,557.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,395,063.		
	b Less: accumulated depreciation.	10b 4,604,201.		
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	87,305.	15	78,630.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,144,897.	16	21,379,361.	
Liabilities	17 Accounts payable and accrued expenses.	4,372,822.	17	4,203,977.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	2,997,366.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	816,648.	23	753,702.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	8,186,836.	26	4,957,679.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	10,927,059.	27	13,145,856.
	28 Net assets with donor restrictions.	2,031,002.	28	3,275,826.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	12,958,061.	32	16,421,682.	
33 Total liabilities and net assets/fund balances.	21,144,897.	33	21,379,361.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,545,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,384,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,160,552.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,958,061.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	-694,297.
7	Investment expenses	7	0.
8	Prior period adjustments	8	2,997,366.
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	16,421,682.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,342,732.	37,504,730.	40,857,747.	43,743,442.	48,288,254.	204,736,905.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	34,342,732.	37,504,730.	40,857,747.	43,743,442.	48,288,254.	204,736,905.
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).						0.
6 Public support. Subtract line 5 from line 4						204,736,905.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	34,342,732.	37,504,730.	40,857,747.	43,743,442.	48,288,254.	204,736,905.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,080.	10,057.	46,095.	65,254.	83,551.	211,037.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						204,947,942.
12 Gross receipts from related activities, etc. (see instructions)					12	5,713,448.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	99.90%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.93%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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 impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 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)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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., 1b 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., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 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., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		214,200.		214,200.
b Buildings		1,388,286.	206,272.	1,182,014.
c Leasehold improvements		4,087,472.	1,806,695.	2,280,777.
d Equipment		2,581,194.	1,860,382.	720,812.
e Other		1,123,911.	730,852.	393,059.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,790,862.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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]

Part XIII Supplemental Information (continued)

PART X, LINE 2

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THERE WERE NO UNCERTAIN TAX POSITIONS (INCLUDING UNRELATED BUSINESS INCOME) THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D

COST OF SALES - MARKET PLACE	1,389,973
SPECIAL EVENTS	293,573

	1,683,546

PART XII, LINE 2D

COST OF SALES - MARKET PLACE	1,389,973
SPECIAL EVENTS	293,573

	1,683,546

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	MEAL AID	16,417,489.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	MEAL AID	238,722.
(3) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	MEAL AID	4,293,537.
(4) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	MEAL AID	3,651,681.
(5) EUROPE	0.	0.	PROGRAM SERVICES	MEAL AID	35,412.
(6) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	MEAL AID	257,289.
(7) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	MEAL AID	190,338.
(8) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	MEAL AID	930,121.
(9) SOUTH ASIA	0.	0.	PROGRAM SERVICES	MEAL AID	201,281.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	FUNDS	29,391.
(11) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	FUNDS	2,180.
(12) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FUNDS	3,151.
(13) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	FREIGHT	95,832.
(14) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	FREIGHT	7,000.
(15) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FREIGHT	83,637.
(16)					
(17)					
3a Subtotal					26,437,061.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					26,437,061.

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

Schedule F (Form 990) 2019

Part II **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)
(1)			SUB-SAHARAN AFRICA	AID			167,652.	MEALS	MEAL COST
(2)			CENT. AMERICA/CARIBBEAN	AID			276,962.	MEALS	MEAL COST
(3)			CENT. AMERICA/CARIBBEAN	AID			4,378,214.	MEALS	MEAL COST
(4)			SUB-SAHARAN AFRICA	AID			38,732.	MEALS	MEAL COST
(5)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(6)			SUB-SAHARAN AFRICA	AID			38,732.	MEALS	MEAL COST
(7)			CENT. AMERICA/CARIBBEAN	AID			1,692,082.	MEALS	MEAL COST
(8)			CENT. AMERICA/CARIBBEAN	AID			445,414.	MEALS	MEAL COST
(9)			SUB-SAHARAN AFRICA	AID			1,092,479.	MEALS	MEAL COST
(10)			CENT. AMERICA/CARIBBEAN	AID			77,463.	MEALS	MEAL COST
(11)			CENT. AMERICA/CARIBBEAN	AID			402,379.	MEALS	MEAL COST
(12)			EAST ASIA/PACIFIC	AID			11,066.	MEALS	MEAL COST
(13)			NORTH AMERICA	AID			38,732.	MEALS	MEAL COST
(14)			CENT. AMERICA/CARIBBEAN	AID			45,925.	MEALS	MEAL COST
(15)			CENT. AMERICA/CARIBBEAN	AID			193,351.	MEALS	MEAL COST
(16)			NORTH AMERICA	AID			58,097.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II **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)
(1)			SUB-SAHARAN AFRICA	AID			32,092.	MEALS	MEAL COST
(2)			CENT. AMERICA/CARIBBEAN	AID			125,284.	MEALS	MEAL COST
(3)			CENT. AMERICA/CARIBBEAN	AID			79,431.	MEALS	MEAL COST
(4)			CENT. AMERICA/CARIBBEAN	AID			38,732.	MEALS	MEAL COST
(5)			CENT. AMERICA/CARIBBEAN	AID			38,732.	MEALS	MEAL COST
(6)			RUSSIA/NEWLY IND. STATES	AID			116,195.	MEALS	MEAL COST
(7)			CENT. AMERICA/CARIBBEAN	AID			103,284.	MEALS	MEAL COST
(8)			SOUTH AMERICA	AID			19,366.	MEALS	MEAL COST
(9)			SUB-SAHARAN AFRICA	AID			1,256,012.	MEALS	MEAL COST
(10)			CENT. AMERICA/CARIBBEAN	AID			135,561.	MEALS	MEAL COST
(11)			CENT. AMERICA/CARIBBEAN	AID			214,684.	MEALS	MEAL COST
(12)			CENT. AMERICA/CARIBBEAN	AID			102,824.	MEALS	MEAL COST
(13)			NORTH AMERICA	AID			61,694.	MEALS	MEAL COST
(14)			NORTH AMERICA	AID			40,699.	MEALS	MEAL COST
(15)			SOUTH AMERICA	AID			116,195.	MEALS	MEAL COST
(16)			SOUTH AMERICA	AID			48,452.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II **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)
(1)			SUB-SAHARAN AFRICA	AID			24,226.	MEALS	MEAL COST
(2)			SUB-SAHARAN AFRICA	AID			42,887.	MEALS	MEAL COST
(3)			SOUTH AMERICA	AID			620,737.	MEALS	MEAL COST
(4)			MIDDLE EAST/NORTH AFRICA	AID			44,265.	MEALS	MEAL COST
(5)			RUSSIA/NEWLY IND. STATES	AID			16,046.	MEALS	MEAL COST
(6)			SUB-SAHARAN AFRICA	AID			172,448.	MEALS	MEAL COST
(7)			SUB-SAHARAN AFRICA	AID			19,919.	MEALS	MEAL COST
(8)			SUB-SAHARAN AFRICA	AID			213,024.	MEALS	MEAL COST
(9)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(10)			CENT. AMERICA/CARIBBEAN	AID			542,797.	MEALS	MEAL COST
(11)			EAST ASIA/PACIFIC	AID			193,658.	MEALS	MEAL COST
(12)			MIDDLE EAST/NORTH AFRICA	AID			58,097.	MEALS	MEAL COST
(13)			NORTH AMERICA	AID			19,366.	MEALS	MEAL COST
(14)			SOUTH ASIA	AID			58,097.	MEALS	MEAL COST
(15)			MIDDLE EAST/NORTH AFRICA	AID			116,195.	MEALS	MEAL COST
(16)			EAST ASIA/PACIFIC	AID			64,330.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II **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)
(1)			CENT. AMERICA/CARIBBEAN	AID			196,732.	MEALS	MEAL COST
(2)			CENT. AMERICA/CARIBBEAN	AID			40,699.	MEALS	MEAL COST
(3)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(4)			CENT. AMERICA/CARIBBEAN	AID			96,829.	MEALS	MEAL COST
(5)			EAST ASIA/PACIFIC	AID			96,829.	MEALS	MEAL COST
(6)			CENT. AMERICA/CARIBBEAN	AID			769,592.	MEALS	MEAL COST
(7)			CENT. AMERICA/CARIBBEAN	AID			234,357.	MEALS	MEAL COST
(8)			CENT. AMERICA/CARIBBEAN	AID			81,890.	MEALS	MEAL COST
(9)			CENT. AMERICA/CARIBBEAN	AID			368,873.	MEALS	MEAL COST
(10)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(11)			CENT. AMERICA/CARIBBEAN	AID			135,561.	MEALS	MEAL COST
(12)			CENT. AMERICA/CARIBBEAN	AID			117,179.	MEALS	MEAL COST
(13)			CENT. AMERICA/CARIBBEAN	AID			82,320.	MEALS	MEAL COST
(14)			SUB-SAHARAN AFRICA	AID			387,317.	MEALS	MEAL COST
(15)			SUB-SAHARAN AFRICA	AID			193,658.	MEALS	MEAL COST
(16)			SUB-SAHARAN AFRICA	AID			138,635.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II **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)
(1)			CENT. AMERICA/CARIBBEAN	AID			40,269.	MEALS	MEAL COST
(2)			EAST ASIA/PACIFIC	AID			19,366.	MEALS	MEAL COST
(3)			CENT. AMERICA/CARIBBEAN	AID			39,285.	MEALS	MEAL COST
(4)			CENT. AMERICA/CARIBBEAN	AID			24,530.	MEALS	MEAL COST
(5)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(6)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(7)			CENT. AMERICA/CARIBBEAN	AID			140,172.	MEALS	MEAL COST
(8)			EAST ASIA/PACIFIC	AID			38,732.	MEALS	MEAL COST
(9)			EAST ASIA/PACIFIC	AID			1,378,540.	MEALS	MEAL COST
(10)			CENT. AMERICA/CARIBBEAN	AID			59,204.	MEALS	MEAL COST
(11)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(12)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(13)			CENT. AMERICA/CARIBBEAN	AID			78,447.	MEALS	MEAL COST
(14)			CENT. AMERICA/CARIBBEAN	AID			3,002,075.	MEALS	MEAL COST
(15)			EUROPE/ICELAND/GREENLAND	AID			16,046.	MEALS	MEAL COST
(16)			SUB-SAHARAN AFRICA	AID			38,732.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II **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)
(1)			MIDDLE EAST/NORTH AFRICA	AID			19,366.	MEALS	MEAL COST
(2)			CENT. AMERICA/CARIBBEAN	AID			1,546,807.	MEALS	MEAL COST
(3)			SOUTH AMERICA	AID			38,732.	MEALS	MEAL COST
(4)			SUB-SAHARAN AFRICA	AID			19,366.	MEALS	MEAL COST
(5)			CENT. AMERICA/CARIBBEAN	AID			159,107.	MEALS	MEAL COST
(6)			SUB-SAHARAN AFRICA	AID			7,193.	MEALS	MEAL COST
(7)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(8)			SUB-SAHARAN AFRICA	AID			58,958.	MEALS	MEAL COST
(9)			SOUTH AMERICA	AID			19,366.	MEALS	MEAL COST
(10)			SOUTH AMERICA	AID			19,366.	MEALS	MEAL COST
(11)			SUB-SAHARAN AFRICA	AID			143,246.	MEALS	MEAL COST
(12)			SUB-SAHARAN AFRICA	AID			93,509.	MEALS	MEAL COST
(13)			SOUTH ASIA	AID			123,818.	MEALS	MEAL COST
(14)			CENT. AMERICA/CARIBBEAN	AID			58,651.	MEALS	MEAL COST
(15)			SOUTH AMERICA	AID			19,366.	MEALS	MEAL COST
(16)			CENT. AMERICA/CARIBBEAN	AID			38,732.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II **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)
(1)			CENT. AMERICA/CARIBBEAN	AID			19,366.	MEALS	MEAL COST
(2)			SUB-SAHARAN AFRICA	AID			38,732.	MEALS	MEAL COST
(3)			EAST ASIA/PACIFIC	AID			1,220,047.	MEALS	MEAL COST
(4)			SUB-SAHARAN AFRICA	AID			38,732.	MEALS	MEAL COST
(5)			EAST ASIA/PACIFIC	AID			19,366.	MEALS	MEAL COST
(6)			SUB-SAHARAN AFRICA	AID			19,366.	MEALS	MEAL COST
(7)			EUROPE/ICELAND/GREENLAND	AID			19,366.	MEALS	MEAL COST
(8)			RUSSIA/NEWLY IND. STATES	AID			58,097.	MEALS	MEAL COST
(9)			NORTH AMERICA	AID			19,366.	MEALS	MEAL COST
(10)			EAST ASIA/PACIFIC	AID			19,366.	MEALS	MEAL COST
(11)			SOUTH ASIA	AID			19,366.	MEALS	MEAL COST
(12)			MIDDLE EAST/NORTH AFRICA	AID			19,366.	MEALS	MEAL COST
(13)			SOUTH AMERICA	AID			23,792.	MEALS	MEAL COST
(14)			SUB-SAHARAN AFRICA	AID			16,046.	MEALS	MEAL COST
(15)			EAST ASIA/PACIFIC	AID			38,732.	MEALS	MEAL COST
(16)			CENT. AMERICA/CARIBBEAN	AID			9,406.	MEALS	MEAL COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part II 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)
(1)			EAST ASIA/PACIFIC	AID			542,243.	MEALS	MEAL COST
(2)			CENT. AMERICA/CARIBBEAN	FREIGHT	50,867.				
(3)			SOUTH AMERICA	FREIGHT	7,000.				
(4)			SUB-SAHARAN AFRICA	FREIGHT	10,000.				
(5)			SUB-SAHARAN AFRICA	FREIGHT	73,637.				
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2: MONITORING PROCEDURES

PROCEDURES FOR IN COUNTRY FOOD AID AND OUT OF COUNTRY FOOD AID ARE THE
SAME AS FOLLOWS:

- 1) FMSC PRE-SCREENS THE REQUESTING DISTRIBUTION PARTNER BEFORE APPROVAL IS GIVEN TO RECEIVE FMSC PRODUCT. EXTENSIVE CORRESPONDENCE OVER THE TYPE OF FEEDING PROGRAMS (SCHOOL, CHURCH, VILLAGE OUTREACH, ETC) AND METHODS OF DISTRIBUTION (SERVED COOKED, GIVEN OUT UNCOOKED, ETC), ARE COMPLETED AS A PART OF THIS PRE-SCREENING PROCESS.
- 2) APPROVED DISTRIBUTION PARTNERS SUBMIT A FOOD AID APPLICATION PRIOR TO RECEIVING THEIR FIRST SHIPMENT. ON AN ONGOING BASIS, THE PARTNERS INFORM FMSC OF END DESTINATIONS AND COSIGNEES FOR EACH SHIPMENT.
- 3) ALL DISTRIBUTION PARTNERS ARE REQUIRED TO SEND FMSC A RECEIPT OF SHIPMENT THAT THE CONTAINER ARRIVED AS SCHEDULED, AS WELL AS SUBMIT FEEDBACK TO FMSC IN THE FORM OF PICTURES, STORIES, AND/OR REPORTS ABOUT THE IMPACT OF THE FOOD ONCE THE DISTRIBUTION IS UNDERWAY. FMSC ANNUALLY ASSESSES DISTRIBUTION PARTNERS' PERFORMANCE.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MN GALA (event type)	IL GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,325,389.	780,734.		2,106,123.
	2 Less: Contributions	1,120,567.	642,048.		1,762,615.
	3 Gross income (line 1 minus line 2)	204,822.	138,686.		343,508.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	333.	36,113.		36,446.
	6 Rent/facility costs	49,444.	83,880.		133,324.
	7 Food and beverages	65,060.	67,682.		132,742.
	8 Entertainment		1,420.		1,420.
	9 Other direct expenses	78,598.	71,984.		150,582.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				454,514.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-111,006.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **4a** **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **4b** **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **4c** **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **5a** **5a**
- b** Any related organization? **5b** **5b** **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **6a** **6a**
- b** Any related organization? **6b** **6b** **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 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.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		
8		X
9		

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

Schedule J (Form 990) 2019

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANDY CARR VP OF DEVELOPMENT & MARKETING	(i) 168,413.	(ii) 12,466.	(iii) 0.	7,386.	12,546.	200,811.	
		(ii) 0.	0.	0.				
2	MARK CREA CEO	(i) 211,802.	(ii) 47,500.	(iii) 0.	10,680.	11,092.	281,074.	
		(ii) 0.	0.	0.				
3	JEANINE PICARDI VP OF HUMAN RESOURCES	(i) 123,744.	(ii) 9,739.	(iii) 0.	5,599.	12,709.	151,791.	
		(ii) 0.	0.	0.				
4	DAN STENNES-ROGNESS VP OF FINANCE/CFO	(i) 132,210.	(ii) 9,665.	(iii) 0.	5,749.	6,802.	154,426.	
		(ii) 0.	0.	0.				
5	MATTHEW MURASKI VP OF INTL PROGRAMS & SUPPLY	(i) 158,493.	(ii) 11,858.	(iii) 0.	7,081.	12,783.	190,215.	
		(ii) 0.	0.	0.				
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(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.

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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	141.	876,621.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		24.	182,467.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
RAW MATERIALS	X	1.	1,426.	FAIR MARKET VALUE
GALA FUNDRAISERS	X	4.	77,920.	FAIR MARKET VALUE
EQUIPMENT	X	2.	79,740.	FAIR MARKET VALUE
OTHER MISCELLANEOUS	X	3.	4,801.	FAIR MARKET VALUE
SUPPLIES	X	10.	17,706.	FAIR MARKET VALUE
MEALS	X	2.	328.	FAIR MARKET VALUE
RAFFLE	X	2.	546.	FAIR MARKET VALUE
TOTALS		<u>24.</u>	<u>182,467.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FEED MY STARVING CHILDREN, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

41-1601449

PART III, LINE 1

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.

PART III, LINE 4A

PROGRAM SERVICES: FEED MY STARVING CHILDREN 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. 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

Name of the organization FEED MY STARVING CHILDREN, INC.	Employer identification number 41-1601449
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THE OPTION TO HOST A MOBILEPACK, WHICH GIVES CHURCHES, SCHOOLS, BUSINESSES 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. THE IMPACT FMSC HAS THROUGH ITS VOLUNTEERS IS DYNAMIC-THE LATEST FISCAL YEAR ENDED FEBRUARY 2020, WITH 1.4 MILLION VOLUNTEERS PACKING ENOUGH MEALS TO SHIP 368 MILLION MEALS - OUR LARGEST YEAR YET!

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 FIFTEEN CONSECUTIVE YEARS, AND 99.8% OF OUR MEALS HAVE SUCCESSFULLY REACHED THEIR INTENDED RECIPIENTS.

PART III, LINE 4B

MARKETPLACE: 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.

PART VI, SECTION B, LINE 11A

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 AND EXECUTIVE

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

COMMITTEE OF THE BOARD OF DIRECTORS (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.

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.

PART VI, SECTION B, LINE 15 A & B

PROCESS FOR DETERMINING COMPENSATION: ANNUALLY, THE COMPENSATION AND BENEFITS ANALYST REVIEWS THE COMPENSATION FOR THE EXECUTIVE STAFF. USING INFORMATION GATHERED FROM EXTERNAL SOURCES, THE ANALYST DETERMINES WHAT THE MARKET STANDARD IS IN THE 50% BRACKET OF COMPARABLE POSITIONS. THIS INFORMATION IS GIVEN TO THE CEO. THE EMPLOYEE IS GIVEN A PERFORMANCE APPRAISAL, COMPLETED BY THE CEO. CURRENT LEVEL OF PAY, INDIVIDUAL PERFORMANCE AND MARKET STANDARDS ARE WEIGHED AND A MERIT RECOMMENDATION IS AWARDED BY THE CEO. COMPENSATION FOR EXECUTIVE STAFF IS GIVEN TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE ANALYSIS PROVIDED BY THE COMPENSATION AND BENEFITS

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

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, LINE 8A - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
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MN GALA	1,120,567
IL GALA	642,048
-----	-----
TOTAL	1,762,615
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
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MN GALA	204,822	193,435	11,387
IL GALA	138,686	261,079	-122,393
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TOTALS	343,508	454,514	-111,006

Name of the organization FEED MY STARVING CHILDREN, INC.	Employer identification number 41-1601449
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FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES 2,638,095

INVENTORY AT BEGINNING OF YEAR 549,920

PURCHASES 1,253,273

SALARIES AND WAGES 0

OTHER COSTS 0

SUBTOTAL 1,803,193

MINUS ENDING INVENTORY 413,220

COST OF GOODS SOLD 1,389,973

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ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,
 FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMM-WORKS LLC 1405 XENIUM LAND N #120 MINNEAPOLIS, MN 55441	IT SUPPORT	181,442.

Name of the organization FEED MY STARVING CHILDREN, INC.	Employer identification number 41-1601449
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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JESSEN MEDIA 3990 ALABAMA AVE S MINNEAPOLIS, MN 55416	MKTPLACE FULFILLMENT	121,342.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	304,518.
PREPAID INSURANCE	38,039.
TOTALS	<u>342,557.</u>