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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u> I	For th	e 2009 calendar year, or tax year beginning OCT 1, 2009 and ending	SEP 30, 2010	
D (Check if applicab	use IRS Feeding America's Children, Inc.	D Employer identific	ation number
	Addre			
누]chan(]Name			
느	chan	Doing Business As	86-0	986348
Ļ	returr	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
Ļ	Termi	Instruct 20439 N. Fletcher Way	(602	<u>)993-3464 </u>
L	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,022,381.
	Apple tion	Peoria, AZ 85382	H(a) is this a group re	turn
	pend	F Name and address of principal officer.Lon Taylor	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates inc	luded? Yes No
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c) (3		list (see instructions)
		te: > www.foodproviders.org	H(c) Group exemption	
			ear of formation: 2000 N	
	art I	Summary		otato or rogar dominores and
	1	Briefly describe the organization's mission or most significant activities. Meeting	the desperate	food needs
ည	`	of thousands of America's most impoverished		shing
<u>n</u>	2	Check this box If the organization discontinued its operations or disposed of n		
Š	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	_
ၓၟ	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	<u>3</u> 3
ಳ ೮	5	Total number of employees (Part V, line 2a)	4	0
ŧ	5		5	0
Activities & Governance	0	Total number of volunteers (estimate if necessary)	6	
¥	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	١_	DECEMENT	Prior Year	Current Year
Le	8	Contributions and grants (Part VIII, line 1h) RECEIVED	2,466,473.	3,022,381.
Č	9	Program service revenue (Part VIII, line 2g)\(\frac{1}{2}\) Investment income (Part VIII, column (A), lines 3,:4, and 7d)		
Ę,	10	Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
20€	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1/1e)	0 166 170	
29	12	Total revenue - add lines 8 through 11 (must equal-Part VIII, column (A),(line 12)	2,466,473.	3,022,381.
\odot	13	Grants and similar amounts paid (Part IX, column (A) lines (1-3)	2,477,021.	3,017,236.
Œ	14	Benefits paid to or for members (Part IX, column (A), line 4)		
A Sesuperses R	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
ens)	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
8	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,825.	24,933.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,497,846.	3,042,169.
<u></u>	19	Revenue less expenses Subtract line 18 from line 12	-31,373.	-19,788.
Net Assets or Fund Balances €	1		Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	73,132.	53,344.
t de id∰	21	Total liabilities (Part X, line 26)		
		Net assets or fund balances Subtract line 21 from line 20	73,132.	53,344.
Pa	art II	Signature Block		
		Under penalties of per ury, I declare that have examined this return, including accompanying schedules and stateme and complete Dedaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledg	e and belief, it is true, correct,
		The state of the s		7 /
Sig	n	Von 1 Ster	312	.2 [[[
Her	·e	Signature of officer	Date	
		Lon Waylor/ President		
		Type or print name and title		
		Preparer's Date		r's identifying number tructions)
Paid		signature 03/10/11		
	parer's	Firm's name (or James F. Raftery, CPA PC	EIN ▶	
use	Only	self-employed), 606 N. Stapley Drive		
		address, and ZIP+4 Mesa, AZ 85203	Phone no. ▶ 4	80-835-1040
May	the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Feeding America's Children, Inc.

1 Is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)? 1	1 X 2 X X
If Yes,* complete Schedule A 1 X 2 1s the organization required to complete Schedule B, Schedule of Contributors? 10 10 10 10 10 10 10 1	2 X
2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I is Section 501(c)(3) organizations. Did the organization also is the organization as the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III is Section 501(c)(4), 501(c)(6), and 501(c)(6) and	2 X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices /! Yes, complete Schedule C, Part I! 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II! 5 Section 501(c)(3), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 503(e) notice and reporting requirement and proxy tax? If 'Yes, complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II I' Did the organization maintain collections of works of art, historical treasures, or other similar assests? If 'Yes,' complete Schedule D, Part IV I' Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, redit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV I' Did the organization report an amount for advised organization, hold assets in term, permanent, or quase-nedowments? If 'Yes,' complete Schedule D, Part X II Is the organization report an amount for investments of the securities in Part X, line 10? If 'Yes,' complete Schedule D, Part X II IX IX Did the organization report an amount for investments or present and the part X, line 10? If 'Yes,' complete Schedule D, Part X II Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X II Did the organization report an amount for other liabilities in Part X, line 15? If 'Yes,' complete Schedule D, Part X II Did the organization report and amount	
public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 501(c)(4), S01(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization are did in the distribution or investment of amounts in such funds or accounts there do nors have the right to provide advice on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part IV Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for other assets in Part X, line 15? If It is 10. If It	3 X
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9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization described by a related organization, hold assets in term, permanent, or quasrendowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments of their securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 10 Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, IX, IX, IX, IX, IX, IX, IX,	
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complete Schedule G, Part III	18 X
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	20 X Form 990 (2009)

fka Food Providers of America

Ра	TTIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u>L</u> .
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	5 y paragraphic strains and property of the strains and the strain	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions)		}	
а	, , , , , , , , , , , , , , , , , , ,	28a		X
b	,	28b		X
С	, and any management of the contract of the co	1		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	}	X
34	Was the organization related to any tax-exempt or taxable entity?		•	
٥-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
00	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

Form **990** (2009)

Form 990 (2009) fka Food Providers of America

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1056, Annual Summary and Transmittal of U.S. Information Returns Enter 0—if not applicable 1.0 0 b. Enter the number of Forms W252 included in line 1 a. Enter 0—if not applicable 2.0 bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the careful reportable on the state of the state				Yes	No
Enter the number of Forms W.G. included in line 1a. Enter -0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ganthing) withing the provided in the complex of t	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
Coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-fe this return (see instructions) a. Did the organization have unrelated business gross income of \$1,000 or more dumpt the year covered by this return? b. If "Yes," has if filed a form 990° for the year? If "No," provide an explanation in Schedule 0 d. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b. If "Yes," enter the name of the foreign country, see the securities and the securities of the securities of the securities. See the instructions for exceptions and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c. If "Yes," the see See Sh, did the organization file Form 8888°T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c. If "Yes," the see See Sh, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? b. If "Yes," did the organization noticity the dinor of the value of the goods or services provided? b. If "Yes," indicate the number of Forms 8282 filed during the year. c. Did the organization relative that the second particle		U.S Information Returns Enter -0- if not applicable 1a 0			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282; 9 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization of qualified intellectual property, did the organization file a Form 1098-C as required? 12 For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 13 Posponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations are partly and the organization make a distribution to a donor, donor advised funds. 14 Did the organization make a distribution to a donor, donor advised funds. 15 Did the organization make a distribution to a donor, donor advised funds		Financial Accounts		-	
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			12a_		
	D	ii res, enter the amount of tax-exempt interest received of accrued during the year 120	Form	990 /	50007

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

Sec	tion A. Governing Body and Management		-	
	en maria de la la companya de la la la companya de la la companya de la la companya de la companya de la compa		Yes	No_
1a		3		
b	Enter the number of voting members that are independent	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	_7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
а	The governing body?	<u>8a</u>	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b_		<u>X</u> _
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,	
			Yes	No_
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	İ		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1,		
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.	J . J .		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ıncıal	
13	statements available to the public	W 101 111 10	. iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation Þ		
20	Organization - (602)993-3464	auon.		
	20439 N. Fletcher Way, Peoria, AZ 85382			
	20435 M. LIECCHEL May, FEOLIA, AZ 0530Z	Form	990 (30007
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did not (A) Name and Title	(B) Average hours			() Pos	C) itior			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Lon Taylor										
President	1.00	X	<u> </u>	X	_			0.	0.	0.
Hy Rosen	1									
Vice President	1.00	X	-	X		-	_	0.	0.	0.
Jeri Fouts Secretary/Treasurer	1.00	х		х				0.	0.	0.
					-					-
										-
			-							
-										<u> </u>

Part VII Section A. Officers, Directors	, Trustees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average			(C Pos				(D) Reportable	(E) Reportable			F) nated
	hours	(cl				арр	ly)	compensation	compensation		amou	unt of
	per week	rector						from the	from related organizations			ner nsation
		Individual trustee or director	stee			Highest compensated employee		organization	(W-2/1099-MISC)	from	the
		al trust	nal tru		loyee	сошре		(W-2/1099-MISC)			_	ization elated
		ndividu	Institutional trustee	Officer	Key employee	lighest mploye	Беттег				organi	zations
	-	-	-		_					\dashv		
		<u> </u>										
										1		
			_			_				4		
				_								
			_			<u> </u>						
	_											
										\dashv		
1b Total2 Total number of individuals (including the content of /li>	nut not limited to th		liete			2)		0.	· · · · · · · · · · · · · · · · · · ·	0.		0.
compensation from the organization		1056	ıısıe	eu ai	OOVE	e) Wi	10 16	eceived more than \$100	,,000 in reportable			0
										Г	Y	es No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J			, ke	y em	plo	yee,	or t	nighest compensated er	nployee on		3	X_
4 For any individual listed on line 1a, is the			omp	ensa	ation	anc	oth	her compensation from	the organization	Ī		
and related organizations greater than										-	4	X_
5 Did any person listed on line 1a receive the organization? If "Yes," complete So				rom	any	unr	eiat	ed organization for serv	ices rendered to		5	x
Section B. Independent Contractors												
 Complete this table for your five higher the organization. NONE	st compensated in	depe	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensa	ation froi	'n
(A)								(B)			(C)	
Name and busin	ness address							Description of s	services	C	ompens	ation
							ĺ					
							\dashv					
	. <u>. </u>						\dashv					
2 Total number of independent contractors \$100,000 in compensation from the or		ot l	mite	d to		se lis O	sted	l above) who received n	nore than			
	94.1124110/1								<u> </u>		Form 99	(2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are			
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	1,573,828.	1,573,828.		
2	Grants and other assistance to individuals in				-
	the U.S. See Part IV, line 22	1,143,408.	1,143,408.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	300,000.	300,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	9,647.		9,647.	
d	Lobbying				······································
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	600.			600.
13	Office expenses	2,478.	1,647.	831.	
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	200	1.00	4.0	
22	Depreciation, depletion, and amortization	208.	166.	42.	<u> </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Program Development	12,000.	10,800.	1,200.	
b		12,000.	10,000.	1,200.	
c					<u> </u>
d					
e					
f		_			
25	Total functional expenses. Add lines 1 through 24f	3,042,169.	3,029,849.	11,720.	600.
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization			İ	
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation				

Form 990 (2009) ·

fka Food Providers of America

Part X Balance Sheet (A) (B) Beginning of year End of year Cash · non-interest-bearing 24,980 1 17,815. 2 Savings and temporary cash investments 47,770 35,355. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 1,041 867. 382 174. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 73,132. Total assets. Add lines 1 through 15 (must equal line 34) 53,344 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here \(\bigvee X \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 73,132. 53,344. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 73,132 53,344. 33 Total net assets or fund balances 33 53,344.

Form 990 (2009)

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Total liabilities and net assets/fund balances

73.132.

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 in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Feeding America's Children, fka Food Providers of America 86-0986348 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated a ____ Type I b Type II d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (i) Name of supported (iv) Is the organization (v) Did you notify the (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes

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Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Feeding America's Children, Inc.

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Schedule A (Form 990 or 990 EZ) 2009 fka Food Providers of America

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not <u>15299</u>56. 926,933. 745,155. 2466473. 3022381. 8690898. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1529956. 926,933. 745,155. 2466473. 3022381. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8690898. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1529956 926,933 745,155 2466473. 3022381. 8690898. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 8690898. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 100.00 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Part III	Support Schedule for (Organizations	Described in	Section 509(a	(Complete only	y if you checked the b	ox on line 9 of Part I.)
Section	A. Public Support						
Calendar	year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts	, grants, contributions, and						
	bership fees received. (Do not						
ınclu	de any "unusual grants.")		,				
mero form any a	is receipts from admissions, chandise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax-exempt purpose						
3 Gros	s receipts from activities that						
are r	not an unrelated trade or bus-						
iness	s under section 513						
ızatıc	revenues levied for the organ- on's benefit and either paid to opended on its behalf						
5 The	value of services or facilities						_
	shed by a governmental unit to organization without charge						
6 Tota	I. Add lines 1 through 5						
7a Amo	unts included on lines 1, 2, and						
3 rec	ceived from disqualified persons		-				
from o	nts included on lines 2 and 3 received other than disqualified persons that d the greater of \$5,000 or 1% of the nt on line 13 for the year						
c Add	lines 7a and 7b					-	
<u>8 Publ</u>	ic support (Subtract line 7c from line 6)		,				
Section	B. Total Support						
Calendar	year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	unts from line 6						
dıvıd secu	s income from interest, ends, payments received on rities loans, rents, royalties income from similar sources						
b Unrel	ated business taxable income						
•	section 511 taxes) from businesses red after June 30, 1975						
	lines 10a and 10b		-				
activ whet	ncome from unrelated business ities not included in line 10b, her or not the business is larly carried on						
12 Othe or los	r income. Do not include gain ss from the sale of capital ts (Explain in Part IV)						-
	SUPPORT (Add lines 9, 10c, 11, and 12)						
14 First	five years. If the Form 990 is for	the organization's	first, second, thir	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
chec	k this box and stop here		_		_		
Section	C. Computation of Publi	c Support Per	rcentage	_			
15 Publi	c support percentage for 2009 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
16 Publi	c support percentage from 2008	Schedule A, Part	III, line 15	_		16	%
Section	D. Computation of Inves	stment Income	e Percentage				
17 Inves	stment income percentage for 20	09 (line 10c, colum	nn (f) divided by lii	ne 13, column (f))		17	%
18 Inves	stment income percentage from 2	2008 Schedule A, F	Part III, line 17			18	%
19a 33 1/	3% support tests - 2009. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	than 33 1/3%, check this box ar						ightharpoons
b 33 1/	3% support tests - 2008. If the	organization did no	ot check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	8 is not more than 33 1/3%, che						ightharpoons
20 Priva	ite foundation. If the organization	n did not check a t	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶ □
					ScI	hedule A (Form 99	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990.

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. Open to Public

OMB No. 1545-0047

Inspection

Feeding America's Children, Inc. Name of the organization **Employer identification number** fka Food Providers of America 86-0986348 Part i Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year 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? 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" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, 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" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2009

Feeding America's Children, Inc. Schedule D (Form 990) 2009 fka Food Providers of America 86-0986348 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs b Scholarly research Other $oldsymbol{ol}}}}}}}}}$ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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? No Part IV | Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 b If "Yes," explain the arrangement in Part XIV and complete the following table Amount c Beginning balance 10 d Additions during the year 1d e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nο b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (b) Prior year (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Permanent endowment Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization bν Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation

Schedule D (Form 990) 2009

867

1a Landb Buildings

d Equipmente Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,041

Part VII Investments - Other Securities.	roviders of Amer See Form 990, Part X, line 12	1Ca 86-098634	B Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
Financial derivatives Closely-held equity interests			
Other			
			-
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin	20.15		
	a) Description	(b) Book	value
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part		>	
1 (a) Description of liability Federal income taxes	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25.)		
2. FIN 48 Footnote In Part XIV, provide the text of the funcertain tax positions under FIN 48		ancial statements that reports the organization's liab	olity for

Feeding America's Children, Inc. Schedule D (Form 990) 2009 fka Food Providers of America 86-0986348 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 3,022,381. Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,042,169. 2 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 3 3 -19.788.Net unrealized gains (losses) on investments Donated services and use of facilities 5 5 Investment expenses 6 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 0. 9 Total adjustments (net). Add lines 4 through 8 9 -19788. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 3,022,381 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments 2a Donated services and use of facilities 2b C Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 3.022 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4h Add lines 4a and 4b 4c 3,022, 381 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 3,042,169. Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a a Donated services and use of facilities Prior year adjustments b 2b c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3,042 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b Add lines 4a and 4b 4c 3,042 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Feeding America's Children, Inc.

Employer identification number

fka Food Providers of America 86-0986348 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region region recipients located in the region) of service(s) in region North Amercia Program Services Feeding Programs 300,000.

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

Schedule F (Form 990) 2009

300,000.

Inc. Feeding America's Children,

fka Food Providers of America

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 86-0986348 recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2009

Page 2

Use Sched	Use Schedule F-1 (Form 990) if additional space is needed.	itional space is needed.						
1 (a) Name of organization	tion and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
-								
2 Enter total number the IRS, or for wh	er of recipient organizati	ions listed above that are risel has provided a section	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	foreign country,	recognized as tax-ex	empt by		

25

Schedule F (Form 990) 2009

Enter total number of other organizations or entitles

က

Feeding America's Children, Inc.

fka Food Providers of America

Page 3

86-0986348

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

USB SCREGUIB F-1 (FORM 390) II AUGINOMAI SPACE IS NEEDED) II audittoriai space is m	enen.					•
(a) Type of grant or assistance	(b) Region	Number of cipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Feeding Programs	North America	676	0		300,000	300,000, Various Food Items	Fair Market Value
						Sched	Schedule F (Form 990) 2009

932073 02-01-10

SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2 Employer identification number 86-0986348 (h) Purpose of grant or assistance Feeding Programs Peeding Programs Feeding Programs X Yes Feeding Programs recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Various Food Various Food Various Food Various Food tems Items Ltems (f) Method of valuation (book, FMV, appraisal, other) Actual Value 'air Market Pair Market Pair Market Pair Market Value Value Value 80,300. 23,884, 21,552, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Ö (d) Amount of cash grant Ö ö 41,500 Inc. of America (c) IRC section if applicable Children 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) fka Food Providers 73-1330955 Feeding America's 71-0593529 86-0308698 95-4407501 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization County - 4190 N Pecos Road - Las Charities, Inc. - 11052 N. 24th Community Food Bank of Clark Avenue - Phoenix, AZ 85029 Feed My People Children's Montezuma Creek, UT 84534 West Lancaster, CA 93539 or government Fort Smith, AR 72902 Name of the organization Summer Haven Ranch 44505 90th Street Red Mesa Chapter Armful of Help PO Box 8288 PO Box 422 Part

Albuquerque, NM 87109 85-0278525 501(c)(3)
2 Enter total number of section 501(c)(3) and government organizations

58400 Office Blvd NE

Roadrunner Food Bank

Vegas, NV 89115

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Feeding Programs

Various Food

air Market

613,056, Value

Feeding Programs

[tems

60,540, Value

o

501(c)(3)

94-2369273

Inc. Feeding America's Children,

fka Food Providers of America

Schedule I (Form 990) 2009

Part III

Page 2

86-0986348

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(c) Amount of (d) Amount of non-cash assistance cash grant cash assistance (book, FMV, appraisal, other)	0, 1.143.408.Fair Market Value Warious Food Items			ed in Part I, line 2, and any other additional information	and Monthly reporting	given perishable and	r of recipients assisted	d each time an individual	
(b) Number of recipients	1497			the information red	990	are given	. The number	ards scanned	
(a) Type of grant or assistance	Feeding Programs - Direct Clients			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	Schedule I, Part I, Line 2: Monitoring	Direct Clients are individuals who	non-perishable food from food banks.	is an actual tally recorded by ID Cards	

932102 02-02-10

the cards to obtain food no more than once daily.

Schedule I (Form 990) 2009

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 Open to Public (h) Purpose of grant or assistance **Employer identification number** Inspection Feeding Programs eeding Programs eeding Programs eeding Programs Feeding Programs Peeding Programs eeding Programs 86-0986348 (g) Description of non-cash assistance Various Food /arious Food Various Food /arious Food Various Food Jarious Food Jarious Food Itema Items [tems Ltems [tems Items Items Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) air Market air Market air Market air Market air Market air Market air Market 56,078, Value 172,472, Value 50,794, Value 15,510, Value 54,656, Value 99.373, Value 284,113, Value Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance Ö (d) Amount of cash grant o, Ö 0 o o, For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Inc. fka Food Providers of America (c) IRC section if applicable Children, 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) Feeding America's 17-8421400 48-0959213 84-0731930 75-1785370 37-0854385 74-2217350 84-0772672 (b) EIN Capital Area Food Bank of Texas (a) Name and address of organization or government 2520 Aviation Way, Ste 130 Colorado Springs, CO 80916 4500 S Cockrell Hill Road 4500 S Cockrell Hill Road Food Bank of the Rockies Care and Share Food Bank 100 I-45 North, Ste 210 Monark Baptist Church North Texas Food Bank Name of the organization 10700 N 45th Avenue Outreach Unlimited 18472 Linden Drive Wichita, KS 67211 Dallas, TX 75236 Neosho, MO 64850 Kansas Food Bank Denver, CO 80239 Austin, TX 78745 Conroe, TX 77301 Department of the Treasury Internal Revenue Service 1919 E Douglas SCHEDULE 1-1 (Form 990) Parti HA

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Open To Public Inspection

vaine or u	ne organization Fe fk					of Amer		•			6-09		ication n L8	lumber
Part I	Excess Benefit	t Transacti	ons	(sectio	n 501	(c)(3) and sectio	n 501(c)(4)	organizatio	ns only)	·				
	Complete if the org	anization ansv	vered	"Yes"	on Fo	rm 990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40)b	T	
1	(a) Name of disqualified person (b) Description of transaction							(c) Corrected						
		·											Yes	No_
sectio	the amount of tax imp in 4958 the amount of tax, if a							s during the	year un	der .	▶ \$ ▶ \$			
Part II	Loans to and/o	or From Int	eres	ted F	Perso	ons.		<u>.</u>					_	
	Complete if the org						<u>lıne 26, o</u> r	Form 990-E	Z, Part \	/, line 38				
	ame of interested son and purpose	(b) Loan to or from the organization?			(c) Original principal amount		(d) Balance due		(e) In default?		(f) Approved by board or committee?		(g) W	ritten ment?
,	, .	То	Fr	rom					Yes	No	Yes	No	Yes	No
										<u> </u>				
												<u> </u>		
								 			<u> </u>			
<u>Fotal</u>						▶ \$								
Part III	Grants or Assi			_										
	Complete if the org		vered			rm 990, Part IV, elationship betw		tod poroon	and		(a) Am	acust or	od tupo o	•
,	a) Name of interested	i person			(D) HE		ganization		and			assistar	nd type o nce	1
Feed 1	My People C	hildren	់ ន	Don	or	to Organ	izati	on		41	500.			
						<u> </u>								
				-						-				
		· · · · · · · · · · · · · · · · · · ·												
Part IV	Business Trans	sactions Ir	volv	ing Ir	ntere	sted Persor	ıs.			•				
	Complete if the org		vered	"Yes"	on Fo	rm 990, Part IV,	line 28a, 2	8b, or 28c.		r			I (a) Oha	
		(c) Amount of person and the organization (c) Amount of transaction					(d) Description of transaction			(e) Sharing o organization' revenues?				
	<u>.</u>												Yes	No
	 _													<u> </u>
				1									-	
				-									 	
				 					· · -	-			†	
HA For F	Privacy Act and Pape	erwork Reduc	tion /	Act No	tice, s	see the				Schedul	e L (For	m 990 d	or 990-E	Z) 200

See Schedule O for Schedule L Continuations

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization Feeding America's Children, Inc. fka Food Providers of America

Employer identification number 86-0986348

Part I Types of Property (b) (c) (d) (a) Check if Number of Revenues reported on Method of determining Form 990, Part VIII, line 1g applicable contributions revenues Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate · Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 X 2,975,736. Fair Market Value 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 Other > 25 26 Other > 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2009

41136 Feeding America's Children, Inc.
86-0986348 Book Group Summary 10/01/09 - 9/30/10

03/10/2011 9:16 AM

Page 1

FYE: 9/30/2010

Group	.Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
Computer Equipment	1,041.11	0.00	0 00	1,041.11	659 36	208 22	0.00	867.58
Grand Total	1,041.11	0.00	0.00	1,041.11	659 36	208 22	0.00	867.58

Form 990, Part IX, Line 22

SCHEDULE O-(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Feeding America's Children, Inc. fka Food Providers of America

Employer identification number 86-0986348

Form 990, Part I, Line 1, Description of Organization Mission:
lifesaving emergency food to hungry families throughout the United
States of America.
Form 990, Part VI, Section A, line 8b: There are no committees with
authority to act on behalf of the governing body.
Form 990, Part VI, Section B, line 11: The 990 is reviewed and approved at
the annual board meeting.
Form 990, Part VI, Section B, Line 12c: At annual board meetings,
compliance is checked.
Form 990, Part VI, Section C, Line 18: The Organization makes its Forms
1023 and 990 available for public inspection upon formal request.
Form 990, Part VI, Section C, Line 19: The Organization makes it governing
documents, conflict of interest policy and financial statements available
to the public upon request.
Sch L, Part III, Grants or Assistance Benefitting Interested Persons:
(a) Name of Person: Feed My People Children's Charities, Inc.
(b) Relationship Between Interested Person and Organization:
Donor to Organization
(c) Amount of Grant \$ 41500.

Form **8868**

(Rev. April'2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Interna	d Revenue Service	File a separate application for each return.							
• If y	ou are filing for an Aut	omatic 3-Month Extension, complete only Part I and check this box		▶ X					
		litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).						
		less you have already been granted an automatic 3-month extension on a previously file		m 8868.					
Par	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
	, tatomati	o o month Extension of finite. Only subtrit original (no copies needed).							
		Θ Form 990-T and requesting an automatic 6-month extension \cdot check this box and comp	olete						
Part	l only	• • • • • • • • • • • • • • • • • • • •		▶ 🗀					
		ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten:	sion of time					
	ncome tax returns.	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension	of tu	me to file one of the returns					
noted	d below (6 months for a	corporation required to file Form 990-T) However, you cannot file Form 8868 electronic	ally if	(1) you want the additional					
(not a	automatic) 3-month ext	ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or con	solida	ited Form 990-T. Instead,					
<u>www</u>	riust submit the fully co <u>irs gov/efil</u> e and click (empleted and signed page 2 (Part II) of Form 8868. For more details on the electronic filing on e-file for Chanties & Nonprofits.	ig or t	tnis form, visit					
Туре			Empl	oyer identification number					
print	Feeding	America's Children, Inc.	-						
Cda bu	fka Food	Providers of America	8	6-0986348					
File by due da	_{ite for} Number, street,	and room or suite no. If a PO box, see instructions.							
filing ye return	See 20437 IV.	Fletcher Way							
ınstruc		st office, state, and ZIP code. For a foreign address, see instructions.							
	Peoria,	AZ 85382							
Chec	k type of return to be	filed(file a separate application for each return)							
\mathbf{x}	Form 990	Form 990-T (corporation)	on						
	Form 990-BL	Form 990-T (sec 401(a) or 408(a) trust) Form 522							
	Form 990-EZ	Form 990-T (trust other than above)							
	Form 990-PF	Form 1041-A Form 887							
		Organization							
		of ▶ 20439 N. Fletcher Way - Peoria, AZ 85382	<u> </u>						
	elephone No. 🕨 <u>(60</u>								
		ot have an office or place of business in the United States, check this box		▶ □					
	this is for a Group Retu	rn, enter the organization's four digit Group Exemption Number (GEN) If this	is for	the whole group, check this					
box	. If it is for par	of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all r	emb	the extension will cover.					
1	I request an automatu	3-month (6-months for a corporation required to file Form 990-T) extension of time until							
•	May 15,			The extension					
	is for the organization		ove.	IIIA AYGUZION					
	calendar year								
	· ·	ning OCT 1, 2009 , and ending SEP 30, 2010							
	, ,	,		_ ·					
2	If this tax year is for le	ss than 12 months, check reason Initial return Final return	<u> </u>	Change in accounting period					
	<u> </u>								
3a	If this application is fo	r Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits		3a	\$					
b		r Form 990-PF or 990-T, enter any refundable credits and estimated							
		nclude any prior year overpayment allowed as a credit	3b	\$					
С	, , , , , , , , , , , , , , , , , , , ,								
		oon or, if required, by using EFTPS (Electronic Federal Tax Payment System).							
	See instructions.	<u></u>	3c_	\$ N/A					
Cauti	ion. If you are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	879-E	EO for payment instructions.					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)