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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

Internal Revenue Service

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

Open to Public Inspection

A Fo	r the	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	SEP 30, 2011	
B Che app	ick if licable	C Name of organization	D Employer identific	cation number
\mathbf{x}	Address change	Feeding America's Hungry Children		
	Name zhange	Doing Business As	41-2	061798
	nıtıal eturn	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		
	Termin- ited	1741 W Rose Garden Lane 9)241-2873
r	mende etum	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,747,917.
┸	on .	Phoenix, AZ 85027	H(a) Is this a group re	
F	ending	F Name and address of principal officer Mark Ostreicher	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates inc	luded? Yes No
1 Tax	x-exer	npt status. X 501(c)(3) 501(c) ()	_	list (see instructions)
J We	bsite	:▶ www.feedingahc.org	H(c) Group exemptio	
		rganization: X Corporation		State of legal domicile: AZ
Par		Summary		
a	1 B	nefly describe the organization's mission or most significant activities. Rushing 1	ifesaving em	ergency
Activities & Governance	<u>f</u>	ood to impoverished families throughout Amer	ica. Provid	ing for the
ř		heck this box if the organization discontinued its operations or disposed of mo		
ŏ.	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	3
9	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	3
es	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	'.'.\	0
ξ	6 T	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34	6	0
Ę	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	\ 7a	0.
1	b N	et unrelated business taxable income from Form 990-T, line 34 🐪 💢 📆 🦠 👚 🛒	7b	0.
			Prior Year	Current Year
Cho !	8 C	ontributions and grants (Part VIII, line 1h)	6,566,632.	3,747,917.
<u></u>	9 P	rogram service revenue (Part VIII, line 2g)	0.	0.
		ivestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
# C		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15.	0.
Hand (Parken)		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,566,647.	3,747,917.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	6,328,838.	3,663,763.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
⊅ ທ .		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b T	otal fundraising expenses (Part IX, column (D), line 25)		
ු ජ ් දි		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	182,408.	167,113.
ŝ .		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,511,246.	3,830,876.
		evenue less expenses. Subtract line 18 from line 12	55,401.	-82,959.
589			eginning of Current Year	End of Year
aug	20 T	otal assets (Part X, line 16)	247,184.	164,400.
\$ 1 S		otal liabilities (Part X, line 26)	0.	175.
च∈।		et assets or fund balances. Subtract line 21 from line 20	247,184.	164,225.
Par		Signature Block		
Under	penalti	es of perjury, /declare that I have examined this return, including accompanying schedules and state	ments, and to the best of m	knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare		/
	Τí	Martounder 1 (eD	1.///	27/17
Sign		Signature of officer Louk. Jaylor Founder & CEO	Date	
Here	۱,	Mark Ostreicher, President		
		Type or print name and title	,	-
	- F	Print/Type preparer's name Preparer's signature (Date Check	PTIN
Paid	- 1	- · · · · · · · · · · · · · · · · · · ·	01/19/12 self-employe	<u> </u>
Prepar	er F	irm's name James E. Raftery, CPA PC	Firm's EIN	
Use On	-	irm's address 606 N. Stapley Drive	Time 3 Life	
	, I,	Mesa, AZ 85203	Phone no. 4	80-835-1040
May th	ne IRS	6 discuss this return with the preparer shown above? (see instructions)		X Yes No
032001				Form 990 (2010)

Form	1990 (2010) Feeding America's Hungry Children	<u>41-2061</u>	<u> 798 </u>	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:			
•	Rushing lifesaving emergency food to impoverished famil	ies thro	ughoi	ıt
	America. Providing for the desperate food needs of the			
	hungry children here in America.	dsands C	<u>, T</u>	
	nungry children here in America.			
				
2	Did the organization undertake any significant program services during the year which were not listed on	г		
	the prior Form 990 or 990-EZ?	L	Yes	X No
	If "Yes," describe these new services on Schedule O.	_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? [Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	xnenses		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of			
		i grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 3,800,181. including grants of \$ 3,663,763.) (F			,
	Rescuing and distribution of food to hungry individuals	·		
				
4b	(Code:) (Expenses \$ including grants of \$) (f	Revenue \$		
70	(Codd) (C	TOVETIGE &		
		··		
		 		
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4d	Other program services. (Describe in Schedule O.)			_
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 3,800,181.	· · · · · · · · · · · · · · · · · · ·		
<u>-rc-</u>	remiter all announces and an announce and an an announce and an an announce and an an announce and an an an announce and an		Form Q0	0 (2010)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3_		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8	ļ	х
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	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	ĺ	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		}	
	Part VI	11a	<u>x</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		٠,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	ļ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a		^
D	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990 (2010)
			(,

			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 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u> _
24a				
	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		<u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
ь	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	_=:		v
	Schedule L, Part I	25b		<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07	x	
	Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-	_	v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u>200</u>	X	
29 30	Did the organization receive more than \$23,000 in norreast contributions. In Test, complete schedule in	23	43	
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
ΟI	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_ <u></u>
~	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	х
34	Was the organization related to any tax-exempt or taxable entity?		T	
- 1	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)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	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	<u>x</u>	
		Form	990 (2010)

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity	t		
	any contributions that were not tax deductible?	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		l
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and a contribution and partly as a contribution and a contribution and a contribution an			X
b	,	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>		X
d	1			17
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8-C? 7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ar? 8		l
9	Sponsoring organizations maintaining donor advised funds.	"' 0		
a	Did the organization make any taxable distributions under section 4966?	92		İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations, Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter.			ĺ
а	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them.)			į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		į
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		
		Form	990 (2010)

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

	Check if Schedule O contains a response to any question in this Part VI				\mathbf{x}
Sec	tion 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	l 1a l	3		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision		<u> </u>	
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4	<u> </u>	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the			
	governing body?	_	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
_	by the following:				Į
a	The governing body?		8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?	sahad at the	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	iched at the	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Payanua Coda)	1 9	<u> </u>	
<u> </u>	tion Dividios (mis dection b requests information about policies not required by the internal re	evenue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates.	1.00		
_	and branches to ensure their operations are consistent with those of the organization?	,	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·			
12a					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld give rise			
	to conflicts?		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," descnbe			
	ın Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent		1	
	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.)				l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	• •			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's	404		
500	exempt status with respect to such arrangements? tion C. Disclosure		16b	1	L
	List the states with which a copy of this Form 990 is required to be filed ►AZ , FL , NJ , WA , M	וא אוע כא כידי או	CTI		
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1				
18	public inspection. Indicate how you make these available. Check all that apply	(OUT(U)(O)OUTIY) available	e ioi		
	X Own website X Another's website X Upon request				
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interest policy	and fina	ncial	
19	statements available to the public.	ormict of interest policy,	anu IIIla	ai iCidi	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the organiz	ation:	•	
20	The Organization - (602)241-2873	roomas or and organiz			
	1741 W Rose Garden Lane, No. 9, Phoenix, AZ 85027	· · · · · · · · · · · · · · · · · · ·			

032008 12-21-10 Form **990** (2010)

Form	990	(201	O)

Feeding America's Hungry Children

41-2061798

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A)	(B)	(C) Position		ed any current officer, o	(E)	(F)				
Name and Title	Average hours per	(cl				app	I۷۱	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		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
Mark Ostreicher		ļ		1	 			 		
President	1.00	X		X				0.	0.	0
Virgil Earls								_		
Vice President	1.00	X		X		<u> </u>		0.	0.	0
Romel Clariza	1 00	,.								_
Secretary	1.00	X	<u> </u>	X		 		0.	0.	0
Lon Taylor	5.00			x						^
Chief Executive Officer	3.00			Λ				0.	0.	0
				 						
		_	<u> </u>						**	
-										,
		<u> </u>								
 ·										
		<u> </u>		_					·	
			_	Ь			-			
	-									 :
	1									

Form 990 (2010)

Form 990 (2010)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Pa	rt VII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and ve 1f 3	186,272. .561,645. .510,630.				
Program Service Revenue	2 a b c d	Total. Add lines 1a-1f		Business Code	3,747,917.			
	3 4	All other program service revertotal. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tall	dividends, inter	•				
	5 6 a b	Rental income or (loss)	(i) Real	(ii) Personal				-
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c). See	•				
Other	с 9 а	Less: direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	-	>				
	c 10 a b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a	•				- - - - - -
-	11 a b c	Miscellaneous Revenu	ie	Business Code				
03200	e 12 10	Total. Add lines 11a-11d Total revenue. See instructions.			3,747,917.	0.	0.	0 • Form 990 (2010)

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

	All other organizations must com			e columns (B), (C), and (L	
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 governments and				<u> </u>
	organizations in the U.S. See Part IV, line 21	3,000,354.	3,000,354.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	509,636.	509,636.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16	153,773.	153,773.		
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				
С	Accounting	9,519.		9,519.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2,190.		2,190.	
12	Advertising and promotion	700.			700.
13	Office expenses	2,675.		2,675.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25.6		05.6	
19	Conferences, conventions, and meetings	256.		256.	
20	Interest				
21	Payments to affiliates	1 772	1 410	255	
22 ~~	Depreciation, depletion, and amortization Insurance	1,773.	1,418.	355.	
23	Other expenses. Itemize expenses not covered	-			
24	above. (List miscellaneous expenses in line 24f, If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Program development	150,000.	135,000.	15,000.	
a b	Shipping	130,000.	133,000.	15,000.	
C	biiipping				
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,830,876.	3,800,181.	29,995.	700.
<u>25</u> 26	Joint costs. Check here I if following SOP	3,030,070.		43,333.	
20	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	107,167.	1	45,529.
	2	Savings and temporary cash investments		2_	
	3	Pledges and grants receivable, net	133,300.	3_	111,904.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5_	
	6	Receivables from other disqualified persons (as defined under section			
10		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6_	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 10, 8			
	b	Less accumulated depreciation 10b 3,93	<u>6,717.</u>		6,967.
	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	0.45 4.04	15	1.5.4.400
	16	Total assets. Add lines 1 through 15 (must equal line 34)	247,184.		164,400.
	17	Accounts payable and accrued expenses	, <u> </u>	17	175.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u>.</u>
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ē	22	Payables to current and former officers, directors, trustees, key employees,			
Lia	1	highest compensated employees, and disqualified persons. Complete Part of Schedule L	"		
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	<u>_</u>
	26	Total liabilities. Add lines 17 through 25	0.	26	175.
	<u>=-</u>	Organizations that follow SFAS 117, check here X and complete		20	1,50
S		lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	247,184.	27	164,225.
aa	28	Temporarily restricted net assets		28	
Ð	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
P		complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
λA	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	247,184.	-	164,225.
	34	Total liabilities and net assets/fund balances	247,184.		164,400.
					Form 990 (2010)

Form **990** (2010)

Form	990 (2010) Feeding America's Hungry Children	41-	206179	8	Pag	e 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,7	47	,91	17.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,8	30	, 81	76.
3	Revenue less expenses. Subtract line 2 from line 1	3				59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	<u>47</u>	,18	84.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6 _	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	64	, 22	25.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Y	es	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			\top		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2:			X
ь	Were the organization's financial statements audited by an independent accountant?		21	.	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt		\top		
	review, or compilation of its financial statements and selection of an independent accountant?		20	, :	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).	T		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both.		1	-	1	
	X Separate basis Consolidated basis Both consolidated and separate basis			ŀ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dıt		- 1	
	Act and OMB Circular A-133?	-	3:		ļ	Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt	╗		
	or guidte, explain why in Schedule O and describe any stone taken to undergo a job guidte			.		

Form **990** (2010)

SCHÈDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Feeding America's Hungry Children

Employer identification number

Part I	Posson	reeaina	America s E	ungry	Cni	aren			4.	<u>1-2061/98</u>	
			rity Status (All organiz					tructions.			
	ganization 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 📙			ital service organization								
4			operated in conjunction	with a hos	pital desc	ribed in se	ection 170)(b)(1)(A)(i	ii). Enter t	he hospital's name	∋,
	city, and stat										
5			benefit of a college or u	niversity o	wned or o	perated by	, a govern	mental un	it describe	ed in	
	7	(b)(1)(A)(iv). (Comp	•								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 LX	•		ceives a substantial part	of its supp	ort from a	a governme	ental unit d	or from the	general p	public described in	1
	٦ .	b)(1)(A)(vi). (Compl	•								
8 =			section 170(b)(1)(A)(vi).								
9			ceives. (1) more than 33								
			nctions - subject to certa							•	
			taxable income (less sec	tion 511 ta	x) from b	usinesses	acquired b	y the orga	anization a	after June 30, 197	5
	٦.	509(a)(2). (Complet	•								
10	7		perated exclusively to te	•	-		,	•			
11			perated exclusively for the								r
			ations described in secti				2). See se	ction 509(a)(3). Che	eck the box that	
		_	organization and compl		_					1	
_	a L Type I		• •			ctionally in	-		d L	Type III - Other	
e L			at the organization is not								1
			than one or more publicly						9(a)(1) or s	section 509(a)(2).	
f			tten determination from t	the IRS tha	at it is a T	уре I, Туре	II, or Typ	e III			
		rganization, check t									L
g			organization accepted ar					• .			
	_		directly controls, either al	one or tog	etner witr	persons o	described	ın (II) and (iii) below,		No
	_		supported organization?							11g(i)	
		•	n described in (i) above?		. 0					11g(ii)	
L		•	a person described in (i) o	• •						11g(iii)	
h	Provide the to	ollowing information	about the supported or	ganization	(S).						
			(iii) Type of	b:		1,,0,,		(4) (the I	· · · · · · · · · · · · · · · · · · ·	
	ne of supported	(ii) EIN	organization	in col. (i) his		(v) Did you	u notity the tion in col.	(vi) ls organizati	on in col.	(vii) Amount of	
or	ganization		(described on lines 1-9	governing			r support?	(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes					
			(see insudendis))	165	INO	res	No	Yes	No		
				·		l	-				
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otal							1				

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 Feeding America's Hungry Children 41-2061798 Page 2

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) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 232,099. 330,454 432,001. 449,678. 237,287. 1681519. 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 330,454. 232,099. 432,001. 449,678. 237,287. 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) 6 Public support. Subtract line 5 from line 1681519. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 330,454. 232,099. 432,001. 449,678. 237,287 1681519. 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 15 assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 100.00 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 100.00 15 % 16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	iow, piease com	piete i ait ii j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
ınclude 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						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			:			
Section B. Total Support				···-	· 	
Calendar year (or fiscal year beginning in) ► 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						1
(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 IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for 1	the organization	's first second the	d fourth or fifth t	ay year as a section	n 501(c)(3) organi	zation
check this box and stop here						<u>▶</u>
Section C. Computation of Public						
15 Public support percentage for 2010 (lir		•	column (f))	•	15	%
16 Public support percentage from 2009				_	16	%
Section D. Computation of Invest	<u></u>			<u> </u>		
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 2		•			18	%
19a 33 1/3% support tests - 2010. If the c	=		•			17 is not
more than 33 1/3%, check this box an	-	-	•			
b 33 1/3% support tests - 2009. If the cline 18 is not more than 33 1/3%, check	-					
20 Private foundation. If the organization		-			=	
ZO FITALE IOUIIGATION. II THE Organization	, and that check a	. 50x 011 IIII 14, 19	a, or 130, Check t		hodulo A (Form O	20 200 57) 2040

SCHEDULE D

(Form 990)

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.

2010 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Feeding America's Hungry Children

Employer identification number

-	reeding America's				41-2061/98		
Pai			Other Similar Fund	s or Acco	ounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin						
		(a) Don	or advised funds	(b) Fu	inds and other accounts		
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year				<u> </u>		
5	\ensuremath{Did} the organization inform all donors and donor advisors in	writing that the	assets held in donor adv	rised funds			
	are the organization's property, subject to the organization's	exclusive legal	control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writin	g that grant funds can b	e used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor	, or for any other purpos	e conferring			
	impermissible private benefit?		··		Yes No		
Pai	t II Conservation Easements. Complete if the or	ganization answ	ered "Yes" to Form 990,	Part IV, line	7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all th	at apply)				
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an h	nistorically im	portant land area		
	Protection of natural habitat	L	Preservation of a ce	ertified histori	c structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation	n contribution in the form	n of a conser	vation easement on the last		
	day of the tax year						
				<u> </u>	Held at the End of the Tax Year		
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			_2b			
С	Number of conservation easements on a certified historic sti		• •	<u>2c</u>			
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
	listed in the National Register			_2d			
3	Number of conservation easements modified, transferred, re	eleased, extingui	shed, or terminated by t	he organizati	on during the tax		
	year ▶		_				
4	Number of states where property subject to conservation ea			_			
5	Does the organization have a written policy regarding the pe	,	g, inspection, handling o	of	— —		
_	violations, and enforcement of the conservation easements				Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	_					
7	Amount of expenses incurred in monitoring, inspecting, and			-	\$		
8	Does each conservation easement reported on line 2(d) about	ve satisty the re	quirements of section 17	(U(n)(4)(B)(i)			
_	and section 170(h)(4)(B)(ii)?				└ Yes		
9	In Part XIV, describe how the organization reports conservat		•				
	include, if applicable, the text of the footnote to the organiza	ition s financiai s	statements that describe	s the organiz	ation's accounting for		
Par	conservation easements. † III Organizations Maintaining Collections of	of Art Histor	ical Treasures or	Other Sim	ilar Assats		
	Complete if the organization answered "Yes" to Form		·		mar 735013.		
-10	If the organization elected, as permitted under SFAS 116 (A)			ement and h	alance shoot works of art		
ıa	historical treasures, or other similar assets held for public ex	<u>-</u>	•				
	the text of the footnote to its financial statements that described to the footnote to its financial statements that described the footnote to its financial statements.		•	rance or publ	ic service, provide, in Fart XIV,		
_				ent and halan	co shoot works of art, historical		
b	If the organization elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected, as permitted under SFAS 116 (Attacking a creation elected) and a creation elected and a creation elected el	•					
	treasures, or other similar assets held for public exhibition, e	GUCALION, OF FES	earch in furtherance of p	Jubiic 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	ageures or oth-	romilar accete for fine-	val app. ====	\$		
2	If the organization received or held works of art, historical tre	•		nai yain, prov	ide		
_	the following amounts required to be reported under SFAS 1	1 10 (42C 328) I	eating to these items	_	¢		
a	Revenues included in Form 990, Part VIII, line 1				\$		
b	Assets included in Form 990, Part X			-	\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

	dule D'(Form 990) 2010 Feeding	America's	Hungry	Children Treasures	or Oth	er Simila	41-20	61798	Page 2
3	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 are a significant use of its collection items								
•	(check all that apply)								
а									
b	Scholarly research	•		exeriange progr					
c	Preservation for future generations	•			-				
4	Provide a description of the organization's co	ollections and evolu-	in how they furth	or the organizat	on'e ove	mot nurne	no in Dod	. VIV	
5	During the year, did the organization solicit of						ose in Pari	AIV.	
3					ier simila	asseis		٦.,	п. .
Par	to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
[41	reported an amount on Form 990, Pa		ete ii trie organi.	zation answered	res to	Form 990	, Part IV, I	ine 9, or	
та	Is the organization an agent, trustee, custod	an or other intermed	diary for contribi	utions or other as	ssets not	included		٦	<u> </u>
	on Form 990, Part X?							」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		-	
	Did the organization include an amount on Fe		21?					Yes	L No
	b If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to	o Form 990, Part	: IV, line 1	10			
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	<u> </u>							
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships		l						
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as.						
а	Board designated or quasi-endowment		%						
	Permanent endowment	%	— **						
	· 								
	Are there endowment funds not in the posse	ssion of the organiz	ation that are he	eld and administr	ered for t	he organiz	ation		
	bv:	outen or this organiz	anon mar aro m		5.00 10. 1	no organiz		[v	es No
	(i) unrelated organizations								es No
	(ii) related organizations							3a(i)	
h	•	s listed as required a	on Schadula D2					3a(ii)	
4	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds								
Par									
					4-3.0			(D D1:	-1 .
	Description of investment	(a) Cost or of basis (investing		Cost or other asis (other)		ccumulate	ea	(d) Book	/alue
	Land	Dasis (IIIVESLI	Helly Da	3313 (UII 181)	ue	preciation			
									
	Buildings	<u> </u>							
	Leasehold improvements			10 005					
d	Equipment			10,885.		3,93	18.	6	<u>,967.</u>
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X column (B) I	ne 10/c))				6	967

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Feeding America's Hungry Chile	dren		41-2	2061798	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Aud	ited Financ	cial S	tatement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1		3,747	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,830	876.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		82	959.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses	Ì	_6_			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		88			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	ACAL D	10	B-1		,959.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements	with Rever	iue p	er Heturn		015
1	Total revenue, gains, and other support per audited financial statements			1	3,747	<u>,917.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1				
а	Net unrealized gains on investments 2a					
b	Donated services and use of facilities 2b	 				
С	Recoveries of prior year grants 2c					
d	Other (Describe in Part XIV.)					•
е	Add lines 2a through 2d			2e	2 747	0.
3	Subtract line 2e from line 1			3	3,747	<u>,917.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
ь	Other (Describe in Part XIV.)	<u> </u>				^
_C	Add lines 4a and 4b			4c	3,747	0.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XIII Reconciliation of Expenses per Audited Financial Statements	With Eyne	neae	per Retu		<u>,917.</u>
	Total expenses and losses per audited financial statements	With Expe	11303	1	3,830	976
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25				3,030	, o <u>/ o •</u>
_	Donated services and use of facilities 23	. 1				
a	Prior year adjustments 2b	1				
b	Other losses 20					
d	Other (Describe in Part XIV)					
e	Add lines 2a through 2d	<u> </u>		2e		0.
3	Subtract line 2e from line 1			3	3,830	876.
4	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	. [
b	Other (Describe in Part XIV.)					
	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,830	
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4; Pa	rt IV, lı	nes 1b and 2	b; Part V, line	4, Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the	his part to pro	vide ai	ny additional	information.	
						<u>-</u>
				 		

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

Employer identification number

Fee	ding America	's Hunor	v Childr	en	41-20617	98
Pa	t I General Info	rmation on A	ctivities Out	tside the United States. Compl	ete if the organization answered	"Yes"
	to Form 990, Par	t IV, line 14b.		_		
1				ds to substantiate the amount of the g		
	grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes No
2	For grantmakers. Desc	cribe in Part V the	organization's	procedures for monitoring the use of g	rant funds outside the United St	ates.
3				an be duplicated if additional space is		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
Nort	h America	0	0	Program Services	Feeding Programs	153,773.
MOL	n America			Flogram Services	reeding Flograms	133,773.
	0.1.1.1					
	Sub-total Total from continuation sheets to Part I	0	0			153,773.
С	Totals (add lines 3a and 3b)	0	0			153 773,
LHA	For Paperwork Reduct	tion Act Notice.	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2010

Schedule F (Form 990) 2010

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

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

×	
•	

Page 2

	(i) Method of valuation (book, FMV, appraisal, other)					
	(h) Description of non-cash assistance					
	(g) Amount of non-cash assistance					empt by
	(f) Manner of cash disbursement					ecognized as tax-exe
	(e) Amount of cash grant					foreign country, r
	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
space is needed	(c) Region					s listed above that are re
Part II can be duplicated if additional space is needed	(b) IRS code section and EIN (if applicable)					recipient organizations
Part II can be du	1 (a) Name of organization					2 Enter total number of r

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

25

Schedule F (Form 990) 2010

Feeding America's Hungry Children

Schedule F (Form 990) 2010

Page 3

41-2061798

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

Part III can be duplicated if additional space is needed.

		1	I	I	1	l	I	
(h) Method of valuation (book, FMV, appraisal, other)	Fair Market Value							
(g) Description of non-cash assistance	food items - lbs of fresh							
(f) Amount of non-cash assistance	Various 102,040 153,060,produce							
(e) Manner of cash disbursement								
(d) Amount of cash grant	0					,		
(c) Number of recipients	2,041							
(b) Region	North America							
(a) Type of grant or assistance	Direct clients							

032073 12-20-10

Schedule F (Form 990) 2010

	ule F (Form 990) 2010 Feeding America's Hungry Children	41-2061798	Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

032074 12-20-10

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 Feeding America's Hungry Children 41-2061/98 Page!
Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method)
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.
Schedule F, Part I, Line 2: Monitoring 990 and Monthly reporting.
pointed by the bound of the bou
Schedule F, Part III, Col (c): Direct clients - The number of recipients
assisted is an estimate based on each recipient taking approximately 50
lbs of food.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

		•
OMB No 1545-0047	2010	Open to Public Inspection

2 | Employer identification number 41-2061798 (h) Purpose of grant or assistance eding Programs X Yes eding Programs Feeding Programs Peeding Programs Feeding Programs Feeding Programs 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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 .tems - 15,178 tems - 37,561 items - 39,189 ltems - 39,520 .tems - 36,003 lbs of fresh lbs of fresh Various food Jarious food lbs of fresh Various food /arious food bs of fresh Parious food bs of fresh roduce roduce roduce roduce roduce (f) Method of valuation (book, FMV, appraisal, other) Actual Value 'air Market air Market air Market air Market air Market Value Value 58.784. Value Value 54,005, Value 56,342. 22,767. 59,280, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Ö o. ö ö 142,633 Hungry Children (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 74-2217350 501(c)(3) Enter total number of section 501(c)(3) and government organizations Feeding America's 73-1330955 71-1184980 91-1090450 General Information on Grants and Assistance 74-2227731 71-0593529 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 15455 N Greenway Hayden Loop, Ste Texas Oklahoma - 1304 Kenosha Avenue Community Food Bank of Eastern Feed My Hungry People, Inc. Capital Area Food Bank of or government 8201 S Cockrell Hill Rd Los Angeles, CA 90027 Scottsdale, AZ 85260 Community Food Share 1702 NE 150th Street Name of the organization Shoreline, WA 98155 Longmont CO 80503 6363 Horizon Lane Austin, TX 78745 Tulsa, OK 74106 5238 Sunset #17 Armful of Help Food Lifeline 2 Des Part N

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Schedule I (Form 990) (2010)

Enter total number of other organizations

¢	x	ַ
	7	
	_	
	2	
¢)
(`	7
	1	
	7	

Comparison of Communication Communication	Schedule I (Form 990) Feeding America's Hungry Children Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	merica's Assistance to Go	Hungry Chil	Children Id Organizations in the Ur	nited States (Sche	dule I (Form 990), Par	;	41-2061798 Page 1
Bank of Lariner County 1 Evolina Co 80924	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
Frace Drive Problem	Food Bank of Larimer County							
### Problem Produce Pr	1301 Bruce Drive					air Market	44	
Part Part	Fort Colling, CO 80524	74-2336171	501(c)(3)	0		/alue	- 1	Feeding Programs
Pack Pack	Kansas Food Bank							
the KS 67211 48 -055913 501(c)(3) 0 111,479 kalue produce particular trans - 36,467 produce part Market produce particular trans - 36,467 produce part Market produce part Mark	1919 E Douglas				H.	air Market	-	
State Stat	Wichita, KS 67211	48-0959213	501(c)(3)	0	479.	/alue	produce	Feeding Programs
Strain Street Str	Northwest Harvest						Various food	_
Page 10 Page	911 S Third Street			•		air Market		
Second Shelf Network	Yakima, WA 98901	91-0826037	501(c)(3)	0	•	7alue	produce	Feeding Programs
Sample S							Various food	
1 Stth Avenue North	Emergency Food Shelf Network						ı	
Produce Prod	8501 54th Avenue North				- HI_	alr Market		
Pennsylvania Avenue	New Hope, MN 55428	41-1246404	501(c)(3)	0	•	alue	produce	Feeding Programs
Francisco Food Bank Francisco Food Bank Francisco Food Bank Francisco Food Bank Francisco CA 94107 94-3041517 501(c)(3) 0, 64,125, value produce preding produce produce preding produce preding produce preding produce produce preding produce preding produce pro				_				
Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Avenue Pennsylvania Pod Narious food 17-8421400 501(c)(3) 0, 41,142, Nalue Peding Preding Peding Pedi	San Francisco Food Bank							
Prencisco, CA 94107 94-3041517 501(c)(3) 0, 64,125 Value Preeding	900 Pennsylvania Avenue					air Market		
Temporal Literary Temp T	J	94-3041517	501(c)(3)	0	125.	alue	produce	Feeding Programs
1-45 N, Ste 210				·			Various food	
1-45 N, Ste 210	Outreach Unlimited						items - 27,428	
resters Community Food Network I Topping Avenue Sas City, MO 64129 Triangle Community Food Network I Topping Avenue Sas City, MO 64129 Triangle Community Food Network I Topping Avenue Sas City, MO 64129 Triangle	100 I-45 N, Ste 210					air Market		
Various food items - 332,761 Eair Market 1bs of fresh Feding I Topping Avenue 1208665 501(c)(3) 0, 499,142, Value Droduce Peeding Irk Baptist Church 17-8421400 501(c)(3) 0, 241,890, Value Droduce Peeding Antonio Food Bank 14-2122979 501(c)(3) 0, 59,042, Value Droduce Peeding I Topping Avenue 15-22979 17-8421400 17-842122979 17-8421400	Conroe, TX 77301	37-0843819	501(c)(3)	0	142	alue	produce	Feeding Programs
Topping Avenue	Harvesters Community Food Network						18	
sas City, MO 64129 43-1208665 501(c)(3) 0, 499,142, Value Produce Preding urk Baptist Church 17-8421400 501(c)(3) 0, 241,890, Value Produce Preding Antonio Food Bank Antonio Food Bank Pair Market 1bs of fresh Preding) Old Highway 90 West 74-2122979 501(c)(3) 0, 59,042, Value Produce Preding	3801 Topping Avenue				<u>, , , , , , , , , , , , , , , , , , , </u>	at warket	lba of fresh	
The state of the	Kansas City MO 64129	43-1208665	501(0)(3)	c		all mainer	ins of fresh	
Table Tabl			/2//2/400	2	4	arne	Various food	recurry frograms
17-8421400 501(c)(3) 0, 241,890, Value Produce Feding	Monark Baptist Church			-			g i	
sho, MO 64850 I7-8421400 501(c)(3) 0, 241,890, Value produce Feeding Antonio Food Bank Antonio Food Bank Items - 39,361 Items - 39,361 Items - 39,361 Antonio, TX 7827 74-2122979 501(c)(3) 0, 59,042, Value produce Feeding	18472 Linden Drive				<u> </u>			
Antonio Food Bank) Old Highway 90 West Antonio, TX 78227 Antonio, TX 78227		17-8421400	501(c)(3)	0	.890	alue	produce	Feeding Programs
Antonio Food Bank Old Highway 90 West Antonio, TX 78227 Antonio, TX							Various food	
Old Highway 90 West	San Antonio Food Bank				-		ı	
Anconio, TX 78227 74-2122979 501(c)(3) 0, 59,042, Walue produce Feeding	5200 Old Highway 90 West					air Market	lbs of fresh	
	Antonio		501(c)(3)	0	042		produce	Feeding Programs

Schedule I (Form 990) Feeding America's Hungry Children Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	merica's Assistance to Go	Hungry Chil	Children d Organizations in the Ur	nited States (Sche	dule I (Form 990), Pa		41-2061798 Rage 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Society of St Andrew 3383 Sweet Hallow Road	54-1285793	R 0 1 (0) (3)	c	77	Fair Market	Various food items - 277,737 lbs of fresh	ביים ביים ביים ביים ביים ביים ביים ביים
Roadrunner Food Bank 2645 Baylor Dr. SE Albuquerque NM 87106	85-0278525	501(c)(3)			raine Fair Market Value	Various food items - 217,619 lbs of fresh	recuilly rightning.
Weld County Food Bank 1108 H Street Greely, CO 80631	74-2244826	501(c)(3)	0	22 740	Fair Market	Various food 1tems - 15,160 1bs of fresh produce	Feeding Programs
North Taxes Food Bank 4500 S Cockrelly Road Dallas, TX 75236	75-1838348	501(c)(3)	o	066.	Fair Market Value	Various food items - 42,711 lbs of fresh produce	Feeding Programs
Diabetes Prevention and Aid Fund PO Box 83775 Phoenix, AZ 85071	86-0804743	501(c)(3)	. 6 500		Actual Value		Feeding Programs
Hand to Hand Foundation 1810 Highway 71 North Mena, AR 71953	20-1160673	501(c)(3)			Fair Market Value	Various food 1tems - 42,749 1bs of fresh broduce	Feeding Programs
Rotary First Harvest 3200 First Avenue South Seattle, WA 98102	91-1229941	501(c)(3)	0		Fair Market Value	Various food items - 142,141 lbs of fresh produce	Feeding Programs
ГНА							Schedule I (Form 990)

(f) Description of non-cash assistance Various food items - 303,031 Jarlous food items - 36,726 lbs of fresh produce lbs of fresh produce (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. 454,547, Fair Market Value Fair Market Value Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. t 0 each recipient taking approximately 50 lbs of food. Neighborhood Agents - Agents distribute food to individuals unable recipients assisted is an estimated assisted is an estimated numbers based on each recipient receiving Part I, Line 2: Monitoring 990 and Monthly reporting. The number of recipients (d) Amount of non-cash assistance 55,089, Ö 0 (c) Amount of cash grant 32 6061 735 (b) Number of recipients come into a food bank for assistance. The number of approximately 50 lbs of food. (a) Type of grant or assistance ı number based on Direct clients Neighborhood Agents Schedule I, Direct Clients Part IV

Schedule I (Form 990) (2010)

032102 01-13-11

Page 2

41-2061798

Feeding America's Hungry Children

Schedule I (Form 990) (2010)

Part III

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

2010

Open To Public Inspection

Name of the organ	Fee	eding A	merica	ı's Hı	ingry C	hildren			Employer $41-20$			umber
						n 501(c)(4) organizatio						
1				OH FORM	990, Part IV,	line 25a or 25b, or Fo	rm 990-E2	., Par	t V, line 40	D	(c) Corr	ected?
	(a) Name of dis	qualified pers	on			(b) Description	of transac	tion			Yes	No
		_										
	<u> </u>				_							
						<u></u>						
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2 Enter the amosection 4958 3 Enter the amo						ed persons during the	year und	ler	▶ \$ ▶ \$			
Part II Loa	ns to and/o	r From Int	erested	Persons	<u> </u>							
						line 26, or Form 990-E	7 Part V	line :	38a			
(a) Name of person and	interested	(b) Loan t	o or from	(c) Origin	nai principal nount	(d) Balance due	(e) defau	In	(f) App by bo	ard or	(g) W agreer	
		То	From	<u>l </u>	_		Yes	Νo	Yes	No	Yes	No
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Total Part III Gra	nts or Assis	tance Rer	efitina l	ntereste	ad Person		l					
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	e of interested i		reted 163		onship betwe	een interested person ganization	and	"		ount an	d type of	:
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See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2010

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Name of the organization

Feeding America's Hungry Children

Employer identification number 41-2061798

Schedule M (Form 990) (2010)

Part I Types of Property (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 3,510,630. Fair Market Value Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 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 1-28 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? X 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

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Partil	Supple Uso com	e mental I Iplete this p	I ntor part fo	mation. Con r any additiona	nplete this il informat	part to	provide the inf	formation requ	ired b	y Part I, lines 30b, 32b, and	d 33.	
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SCHEDULE O

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Feeding America's Hungry Children

Employer identification number 41-2061798

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Form 990, Part I, Line 1, Description of Organization Mission:
desperate food needs of thousands of hungry children here in America.
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 the Annual board meeting,
compliance is checked.
Form 990, Part VI, Section B, Line 15: The CEO salary is determined by the
Board of Directors based on salary comparisons for CEO's of other charities
serving in a comparable capacity. Because of the size of the charity the
CEO is a volunteer and does not receive a salary.
Form 990, Part VI, Section C, Line 18: The Organization makes its Forms
1023 and 990 available to the public upon request. The Organization also
makes its Form 990 available on its website as well as www2.guidestar.org.
Form 990, Part VI, Section C, Line 19: The Organization makes its
governing documents, conflict of interest policy and financial statements
available to the public upon request. The Organization also makes its
financial statements available on its website.
IIIIdiiCIdI Statements available on its website.

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

Business or activity to which this form relates

2010

Attachment

Identifying number

Feeding America's Hungry Children Form 990 Page 10 41-2061798 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 1.773 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property f S/L 25-year property 25 yrs. g MM S/L 27.5 yrs Residential rental property h S/L MM 27 5 yrs. 39 yrs. MM S/L Nonresidential real property S/L MM Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System Class Irfe 20a 12-year S/L 12 yrs. b 40-year 40 yrs. MM S/L Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 1,773. 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

	02 (2010)		ding Au											<u>. 798</u>	
Part \	Listed Proper amusement)	ty (Include at	utomobiles, ce	rtaın otl	her vehic	les, cer	taın com	puters	s, and prop	perty us	ed for e	ntertain	ment, red	creation,	or
	Note: For any	vehicle for wi	hich vou are u	sina the	standard	l milead	ne rate or	dedu	ctına lease	e expen	se. comi	olete on	lv 24a. 2	4b colur	nns (a)
	through (c) of 3	Section A, all	of Section B,	and Sec	ction C if	applica	ble.								
			on and Other			ution:	See the i	nstruc	tions for li	mits for	passeng	ger auto	mobiles.)	
24a Do	ou have evidence to	support the bu	siness/investme	nt use cl	aimed?	<u> </u>	es L	<u> </u>	24b If "Y	es," ıs t	he evide	nce wri	tten?	Yes	No
	(a) pe of property t vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis		(e) sis for depre isiness/inve use only	stment	(f) Recovery period	Me	(g) ethod/ vention		(h) reciation fuction	Elec section	(i) cted on 179 ost
25 Spec	cial depreciation all	owance for q	ualified listed	property	y placed	ın servi	ce during	the t	ax year an	d				<u></u>	
usec	more than 50% in	a qualified b	usiness use								25				
26 Prop	erty used more tha	ın 50% ın a q	ualified busin	ess use:				_				•			
			9	6	_										
		<u> </u>	9	6										1	
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27 Prop	erty used 50% or l	ess in a quali	fied business	use:							-				
			9	6						S/L·					
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28 Add	amounts in column	n (h), lines 25	through 27 E	nter her	e and on	line 21	, page 1				28				
29 Add	amounts in column	n (i), line 26. E	nter here and	on line	7, page 1								29		
			8	ection	B - Infor	mation	on Use	of Vel	nicles						
If you prothose ve	e this section for ve ovided vehicles to y hicles	ehicles used your employe	by a sole propees, first answ	rietor, p er the qu	artner, o uestions	r other in Secti	"more th ion C to :	an 5% see if y	owner," o you meet a	or relate an exce	d persoi ption to	n. comple	ting this	section fo	or
				(a)	((b)		(c)		(d)	ļ -	(e)	(1)
30 Total	business/investment	miles driven d	uring the	Vel	hicle	Ve	hicle	\	/ehicle	Ve	hicle		hicle	Veh	
year	(do not include comi	muting miles)													
31 Total commuting miles driven during the year															
32 Total other personal (noncommuting) miles															
driven															
33 Total miles driven during the year.															
Add	lines 30 through 32														
34 Was	the vehicle availab	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
durii	ng off-duty hours?														
35 Was	the vehicle used p									1					
than	5% owner or relate														
36 Is an	other vehicle availa														
use?)				1				<u> </u>						
		Section C	- Questions f	or Emp	loyers W	ho Pro	vide Vet	nicles	for Use by	y Their	Employ	ees			
Answer	these questions to	determine if y	you meet an e	xceptior	n to comp	oleting	Section i	3 for v	ehicles us	ed by e	mployee	es who a	are not n	nore than	5%
	or related persons.										- "				
37 Do y	ou maintain a writte	en policy stat	tement that pr	ohibits a	all persor	al use	of vehicle	es, inc	luding con	nmuting	, by you	ır		Yes	No
emp	loyees?														<u> </u>
	ou maintain a writte		-	-						J. J.	your				
	loyees? See the ins					icers, c	firectors,	or 1%	or more	owners				<u> </u>	<u> </u>
-	ou treat all use of v	•												<u> </u>	ļ
	ou provide more th					nformat	tion from	your	employees	s about					
	use of the vehicles,													-	<u> </u>
-	ou meet the require		• .											<u> </u>	
	e: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," do no	ot compl	ete Sec	tion B fo	r the c	overed ve	hicles					
Part V				(L)		/- \			/-D						
	(a) Description o	f costs		(b) amortization		(C) Amortizat	ble		(d) Code		(e) Amortiz			(f) mortization	
				begins	L	amount	t	l	section		penod or pe			or this year	
42 Amo	rtization of costs th	nat begins du	ring your 2010	tax yea	ar. T			1	_	-		1			
								+							_
40. 4												1			
	rtization of costs th	_	-	•								43			
	I. Add amounts in c	column (t). Se	ee tne instruct	ons for	wnere to	report		 -		<u>-</u>	-	44			(00.10)
016252 12	-21-10												F	orm 456 2	2 (2010)