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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.

A F	or the	= 2010 calendar year, or tax year beginning OCT 1, 2010 and ending	<u>S</u> EP 30, 2011	
B c	Check if	C Name of organization	D Employer identifi	cation number
	Addre	reeding America's Children, Inc.		
	Name chang		86-0	986348
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	Termir	,	•)241-2873
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,332,125.
	Applic	Phoenix, AZ 050Z/	H(a) is this a group re	
	pendir	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
			If "No," attach a	list. (see instructions)
		e: > www.feedingac.org	H(c) Group exemptio	
			ear of formation: 2000 N	A State of legal domicile: AZ
Pě	art I	Summary	1	
õ	1	Briefly describe the organization's mission or most significant activities. Meeting of thousands of America's most impoverished	che desperate	
nau		Check this box I f the organization discontinued its operations or disposed of m		shing
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	1 _ 1	SSETS
ගී	1	Number of independent voting members of the governing body (Part VI, line 1b)	3	3
భ	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	. 5	0
iţie	1	Total number of volunteers (estimate if necessary)	. 6	0
.ġ.	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
4 U.Ketivities & Governance	1	Net unrelated business taxable income from Form 990-T, line 34	. 7b	0.
	1		Prior Year	Current Year
- 0	8	Contributions and grants (Part VIII, line 1h)	-3,022,381.	1,332,125.
- E	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	. 0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3 91 /11/ 0.	0.
ĮŒ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
2	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,022,381.	1,332,125.
Expenses ANNELD	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,017,236.	1,290,545.
Z		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Sec		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
7 5	L	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ä	1	Total fundraising expenses (Part IX, column (D), line 25) 1,050.	04 022	05.266
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	24,933.	27,366.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,042,169. -19,788.	1,317,911.
- S		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	14,214.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	53,344.	End of Year 67,558.
ASS Bas	21	Total liabilities (Part X, line 26)	0.	0,
慧	22	Net assets or fund balances Subtract line 21 from line 20	53,344.	67,558.
	art II	Signature Błock		0775501
Unde	er pena	Ities of perjury, I declare that I have amined this return, including accompanying schedules and stat	tements, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Deglaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	
				27112
Sigi		Signature of officer	Date	, -
Her	e	Lon Taylor, President		
		Type or print name and title	T D - A - I Chask -	TI privi
		Print/Type preparer's name fteparer's signature	Date Check	PTIN
Paid		Cynthia J. Williams Williams	01/19/12 self-employe	0
	narer Onto	Firm's name James E. Raftery, CPA FC	Firm's EIN	
บรย	Only	Firm's address 606 N. Stapley Drive		00 025 1040
Mari	tho I	Mesa, AZ 85203	Phone no. 4	80-835-1040
iviay	uie it	RS discuss this return with the preparer shown above? (see instructions)		. X Yes No

Form **990** (2010)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Feeding America's Children, Inc.

Form 990 (2010) fka Food Providers of America Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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			
	sımılar 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	İ		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
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	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		Α
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f	•	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		-	
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	_X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		v	
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	Х	
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	Γ		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2010)

fka Food Providers of America 86-0986348 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 X 21 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 X 22 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 X 23 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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 X 25b 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 X 26 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 Schedule L. Part III X 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X <u>34</u> 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a 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 _ Yes X No 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 Х 36 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 X

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

X Form **990** (2010)

37

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Part V	Statements F	Regardi	ng Othe	r IRS Fili	ngs and	Tax Con	pliance

	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 C			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b C			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gamıng			_
	(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	_ 2a C			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)	1		
За	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: ▶				
	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	action?	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	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f	<u> </u>	_X
9	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	<u>7g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	i	-
а	Did the organization make any taxable distributions under section 4966?		9a	\longrightarrow	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	\longrightarrow	
10	Section 501(c)(7) organizations. Enter	1 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_10b			
11	Section 501(c)(12) organizations. Enter	1 1			
a	Gross income from members or shareholders	11a		, l	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	_11b			-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		
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	l l			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	_13c	-		
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hope it filled a Form 720 to report those payments? If "No " provide an exploration in Sahadal."	- 0	14a	 -	<u> </u>
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U	14b	000 "	2042
			rorm	990 (2	ZU10)

fka Food Providers of America

86-0986348

Page 6

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below 7b	ıse
	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	Ÿ

Sec	tion A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	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 with any other	1		
	officer, director, trustee, or key employee?	2		х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 members of the			
	governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	<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?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	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,			
	and branches to ensure their operations are consistent with those of the organization?	10b	37	
_	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	 •	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	X	
D	to conflicts?	406	v	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	<u> </u>	
·	in Schedule O how this is done	12c	Х	
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 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	х	
	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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ, FL, NJ, WA, MA, NY, CA, CT, NC			
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	for		
	public inspection. Indicate how you make these available. Check all that apply			
	X Own website X 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, a	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·	
	The Organization - (602)241-2873			
	IZALW. KOSE GATOEN GADA NO. Y POCEDIY AV. X5007			

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.

X Check this box if neither the organization (A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Lon Taylor President	5.00	x		x				0.	0.	0
Hy Rosen										
Vice President	1.00	Х	<u> </u>	Х				0.	0.	0
Jeri Fouts				ŀ						
Secretary/Treasurer	1.00	X		X				0.	0.	0
		-								
		-								
										<u> </u>
		-						_		
-										

	Section A. Officers, Directors, Inc	isiees, Key Li	iipic	усс	3, a	nu i	ugu	ÇSL	Compensated Employ	ees (continueu)			
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	١,,		Pos				Reportable	Estimated			
		hours per	(CI	heck	all	ınat	app	iy)	compensation	compensation	a	mount	of
		week (describe	햦						from	from related		other	
		hours for	or director				8		the organization	organizations (W-2/1099-MISC)		npensa	
		related	tee or	stee			asat		(W-2/1099-MISC)	(***2/1099-101130)	- 1	rom the	
		organizations	l trus	ᄪ		oyee	E .		(11 27 1000 111100)		1 7	id relat	
		ın Schedule	Individual	Institutional trustee	Je J	Key emptoyee	Highest compensated employee	Former				anızatı	
		O)	를	last	Officer	Key	音音	퉏					
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		<u> </u>	<u> </u>										
1b	Sub-total								0.	0			0.
C	Total from continuation sheets to Part V	II, Section A							0.	0			0
d	Total (add lines 1b and 1c)						▶		0.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wł	no re	eceived more than \$100	0,000 in reportable			
	compensation from the organization												(
												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	em e	plo	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization			
	and related organizations greater than \$150									J	4	l	X
5	Did any person listed on line 1a receive or a									idual for services	<u>-</u>		
	rendered to the organization? If "Yes," com					-					5	1	X
Sec	tion B. Independent Contractors									·			
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compe	sation	from	
•	the organization.	,			_	_				т. т		., ., .	
	(A)								(B)			C)	
	Name and business	address							Description of s	services	Compe		n
-								\neg			<u>.</u>		
				_				\dashv		-			
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2	Total number of independent contractors (i	-	ot lii	nite	d to			sted	l above) who received m	nore than			
	\$100,000 in compensation from the organia	zation				(<u> </u>						
											Ca	990 /c	040

Form **990** (20

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 fts, grants 63,808. 1a 1 a Federated campaigns Membership dues 1b Fundraising events 1c d Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and 1f 1,268,317 similar amounts not included above 1,267,007 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 332,125 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 332,125. Total revenue. See instructions. 0. Form 990 (2010) Form 990 (2010)

fka Food Providers of America

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses **expenses** Grants and other assistance to governments and 34,801. 34,801. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 925,703 925,703. Grants and other assistance to governments, organizations, and individuals outside the U.S. 330,041 330,041 See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal b 9,442 9,442 Accounting Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 2,275. 2,275 Other g 1,050. 1,050 Advertising and promotion 12 1,976. 1,976. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates 174. 139 35 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 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 O.) 12,250. 11,025 Program development 1,225 Shared costs 199. 199. d All other expenses f 1,317,911. 1,301,908 14,953. 1,050. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here I If following SOP 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

Form **990** (2010)

86-0986348 Page 10

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	17,815.	1	21,638.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	35,355.	3	45,920.
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			
	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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,041.			
b	Less: accumulated depreciation 10b 1,041.	174.	10c	0.
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16		53,344.	16	67,558.
17				
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22				
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07	-	. 23 344		67,558.
	F	33,344.		07,330.
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30	· · ·	-	20	÷ a
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			_	
		53 344		67,558.
34	Total liabilities and net assets/fund balances	53,344.	34	67,558.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 1,041. 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(t)), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 1,041. 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 27 Temporanty restricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II or Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)3(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Linvestments - publicly traded securities 1 Investments - other securities See Part IV, line 11 1 Investments - other securities See Part IV, line 11 1 Investments - other securities See Part IV, line 11 1 Investments - other securities See Part IV, line 11 1 Intragible assets 1 Other assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Accounts payable and accrued expenses 1 Total assets. Add lines 1 through 15 (must equal line 34) 2 Tax-exempt bond liabilities 2 Deferred revenue 1 19 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified pe

	Feeding America's Children, Inc.				
_	1990 (2010) fka Food Providers of America	86-	0986348	Pa	ge 12
Pa	rt 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	1,33	2,1	<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,31	<u>7,9</u>	11.
3	Revenue less expenses Subtract line 2 from line 1	3	1	4,2	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	<u>3,3</u>	44.
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	6	<u>7,5</u>	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	·		
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	dit		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE 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.

2010

Open to Public Inspection

Name of	the organizati	on Feeding	America's C	hildr	en, I	nc.			mployer i	dentificati	on nun	nber	
		fka Foo	d Providers	of An	<u>erica</u>				<u> </u>	<u>-0986</u>	<u>348</u>		
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions					
he orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)						
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2	A school des	cribed in section 17	n section 170(b)(1)(A)(ii). (Attach Schedule E.)										
з 🗔	A hospital or	a cooperative hosp	tal service organization	described	In section	170(b)(1)	(A)(iii).						
4			operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospital	's name	э.	
	city, and stat		,		•			(-/\ /\ /\		- •		•	
5 🗀			benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	it describe	d in			
-		(b)(1)(A)(iv). (Compl		•	•	•							
6 🗆	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d ın sectio	n 170(b)(1)(A)(v).						
7 X	•		eives a substantial part					r from the	general p	ublic desc	ribed in		
		(b)(1)(A)(vi). (Comple		•		J							
в 🗀	l '		section 170(b)(1)(A)(vi).	(Complete	Part II)								
9 🗀	1		erves: (1) more than 33	-	•	rom contr	ibutions n	nembersh	in fees, and	d arnes rea	coints fi	rom	
-			nctions - subject to certa							-	-		
			axable income (less sec			•			• •	_			
		509(a)(2). (Complete		tion 511 te	ix) ilolli bu	311163363	acquired b	y trie orga	ariization a	iter Julie S	0, 1975).	
10 🗀	1		perated exclusively to te	et for publ	in cafety S	Soo oostic	n 500(a)(• • • • • • • • • • • • • • • • • • • •					
	, -	-	perated exclusively for the	-	•		,	•	a out the r				
11			ations described in secti							-		r	
			organization and compl				z). See Se	euc non;	a)(3). Ched	JK trie box	mai		
		· · · · · · · · · · · · · · · · · · ·	¬. ` `		e III - Func		tograted		4	Tune III. (Mb a		
_			at the organization is not			•	•		لـــا ۵	Type III · C			
e						-	-					ı	
			than one or more publicl						9(a)(1) or s	ection 509	(a)(2).		
f	_		tten determination from	the IRS th	at it is a Ty	ре і, туре	ıı, or ıype) III					
		rganization, check the				_			_			Ц	
g			organization accepted a			_							
			lirectly controls, either a	ione or tog	jetner with	persons o	rescribed	ın (ii) and ((III) below,		Yes	No	
	-		upported organization?	_						11g(i)	\vdash		
	• • • • •	•	n described in (i) above?							11g(ii)	<u> </u>		
	• •	•	person described in (i)							11g(iii)	<u></u>		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)								
													
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization			(vi) la organizati		(vii) Am	nount of	•	
org	ganization		(described on lines 1-9		sted in your		tion in col.	(i) organiz	ed in the		port		
			above or IRC section	governing	document?		r support?) . U.S	5.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Feeding America's Children, Inc. Schedule A (Form 990 or 990 EZ) 2010 fka Food Providers of America 86-0986348 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 (e) 2010 (b) 2007 (c) 2008(d) 2009(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 64,777. include any "unusual grants.") 81,421. 68,803. 46,645. 65,118. 326,764. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 64,777. 81,421. 68,803. 46,645. 65,118. 326,764. 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 326,764. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 64,777. 81,421 68,803. 7 Amounts from line 4 46,645. 65,118. 326,764. 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.) 11 Total support. Add lines 7 through 10 326,764. 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)) 14 100.00 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 stop here. The organization qualifies as a publicly supported organization $\triangleright \mathbf{X}$ 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

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	n fails to
qualify under the tests listed below, please complete Part II)	

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	piete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(a) 2009	(4) 2000	(2) 2010	(6 T-4-1
	Gifts, grants, contributions, and	(a) 2000	(0) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	- · · -					
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	rness under section 513 Tax revenues levied for the organ-	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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)						
	ction B. Total Support						
Cale	ndar 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						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u></u>		
	Add lines 10a and 10b 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)						-
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	<u> </u>					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2010 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16_	Public support percentage from 2009					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	•		ne 13, column (f))		17	%
18	Investment income percentage from 2				Į	18	%
19a	33 1/3% support tests - 2010. If the						7 is not
	more than 33 1/3%, check this box an				• •		>
b	33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, chec						. ▶□
20	Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	<u> </u>
03202	23 12-21-10				Sch	edule A (Form 990	or 990-EZ) 2010

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 Children, Inc.

Employer identification number

fka Food Providers of America 86-0986348 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 education) 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 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 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

Feeding America's Children, Inc. Schedule D (Form 990) 2010 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 Scholarly research Other Preservation for future generations C 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? Part IV | Escrow and Custodial Arrangements. Complete if the 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 1c d Additions during the year 1đ Distributions during the year 1e f Ending balance Did the organization include an amount on Form 990, Part X, line 21? Yes 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 (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as. Board designated or quasi-endowment **b** Permanent endowment ▶ Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization py. 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? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (b) Cost or other (a) Cost or other (c) Accumulated (d) Book value

Description of investment

(a) Cost or other basis (investment)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

(d) Book value

(e) Equipment
(f) Cost or other basis (other)

(g) Accumulated depreciation

(h) Cost or other basis (other)

(h) For a contract of the cost
Schedule D (Form 990) 2010

032053 12-20-10

	dule D (Form 990) 2010 fka Food Providers of Amer † XI Reconciliation of Change in Net Assets from Form 990 to		tad Ei	nancial	State		0986348	Page 4
		Auui	teu Fil	· ·	State	eiiieiii		105
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	 -		$\frac{1,332}{1,337}$	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	-		1,317	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			14	,214.
4	Net unrealized gains (losses) on investments			4	┼			
5	Donated services and use of facilities			5	╄			
6	Investment expenses .			6	-			
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net). Add lines 4 through 8			9	┿			0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 art XII Reconciliation of Revenue per Audited Financial Statements.		/ith Re	10 evenue	per F	Return		,214.
1	Total revenue, gains, and other support per audited financial statements			-	•	1	1,332	.125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							,
a	Net unrealized gains on investments	2a	1					
b	Donated services and use of facilities	2b	· · · · · ·			1		
c	Recoveries of prior year grants	2c				1 1		
ď	Other (Describe in Part XIV)	2d				j		
e	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	1,332	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.							,
т я	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1			1 1		
h	Other (Describe in Part XIV)	4b	_			1		
-	Add lines 4a and 4b	TO	4			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	1,332	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	nents \	With E	xpense	s per			<u>, , </u>
1	Total expenses and losses per audited financial statements					1	1,317	.911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							/
a	Donated services and use of facilities	2a	1					
b	Prior year adjustments	2b	_			1		
-	Other losses	2c	 			1 1		
d	Other (Describe in Part XIV.)	2d	 			1		
e	Add lines 2a through 2d		<u> </u>			2e		0.
3	Subtract line 2e from line 1					3	1,317	911.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>
*	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1					
a	5 J 5 J 7 J 7 J 7 J 7 J 7 J 7 J 7 J 7 J	4b				1		
b	Add lines 4a and 4b	_ 40				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			•		5	1,317	
Par	rt XIV Supplemental Information		<u>.</u>] 3]	1,51/	<u>, , , , , , , , , , , , , , , , , , , </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III lines	1a and	4· Part IV	lines 1	b and 2	2h: Part V line	 Δ· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com							7, 1 WIL
^, ""	c 2, 1 art Ar, into 5, 1 art Ar, into 2 a arta 45, arta 1 art Arr, into 2 a arta 45. Also com	picto un	із рап п	o piovide	arry au	ditional	mormation.	
		-						
	•							
				-				
—						Sobod	ula D (Earm 2	00) 2010
						ocned	ule D (Form 9	3 0/2010

15380119 733951 41136

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** Feeding America's Children, Inc. 86-0986348 fka Food Providers of America 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 X Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in region (a) Region (e) If activity listed in (d) (f) Total employees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region in region in region Feeding Programs 330,041. North Amercia Program Services 3 a Sub-total 0 330,041. **b** Total from continuation sheets to Part I O c Totals (add lines 3a and 3b) 330 041

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

Schedule F (Form 990) 2010

Page 2

86-0986348

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

Schedule F (Form 990) 2010

til 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	recipient who 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.
=		

(i) Method of valuation (book, FMV, appraisal, other)	Fair Market Value				-
(h) Description of non-cash assistance	Various Food Items - 29,402 lbs of fresh produce				
(g) Amount of non-cash assistance	44,103,				xempt by
(f) Manner of cash disbursement					recognized as tax-e;
(e) Amount of cash grant	0				foreign country,
(d) Purpose of grant	Program Services - Feeding Programs				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	North America				ns listed above that are
(b) IRS code section and EIN (if applicable)					ecipient organization
1 (a) Name of organization					2 Enter total number of n

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2010

86-0986348

Page 3

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

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.

Schedule F (Form 990) 2010

!	ļ		<u> </u>	I	1	I	t	
(h) Method of valuation (book, FMV, appraisal, other)	Fair Market Value							
(g) Description of non-cash assistance	Various Food Items - 189,257 lbs of fresh produce							
(f) Amount of non-cash assistance	Various 189,257 283,886,produce							
(e) Manner of cash disbursement								
(d) Amount of cash grant	0							
(c) Number of recipients	3,785							
(b) Region	North America							
(a) Type of grant or assistance (b) Region	Feeding Programs							

Schedule F (Form 990) 2010

Feeding America's Children, Inc.

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Şchedi	ule F (Form 9	990) 2010	fka	Food	Pro	vider	s of	Ameri	.ca		86	-0986348	B Page 4
Part	IV Fore	ign Forms											
1	organizatio	rganization a in may be req in (see Instruc	uired to i	ile Form	926, Re	•	•		•	ear? If "Yes," i Foreign	the	Yes	X No
2	may be req Receipt of	ganization hav quired to file f Certain Forei ner (see Instru	orm 352 gn Gifts,	0, Annua and/or Fo	l Return orm 352	n to Report 20-A, Annu	t Transac ual Inform	ctions with	Foreign Trus	ts and		Yes	X No
3	the organiz	ganization hav zation may be reign Corpora	required	to file Fo	om 547	1, Informa	tion Reti	_	•	•		Yes	X No
4	qualified el	rganization a lecting fund o a Shareholde is for Form 86	uring the	tax year	? If "Ye	s," the org	anızatıor	n may be re	quired to file	Form 8621,		☐ Yes	X No
5	the organiz	ganization hav zation may be artnerships (s	required	to file Fo	om 886	5, Return	•		•	•		Yes	X No
6	Did the ord	ranization hav	e any or	erations	in or re	lated to an	ıv hovco	attına count	ries durina ti	ne tax vear? If	,		

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

SCHEDULE 1 (Form 990)

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

OMB No 1545-0047 '

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

Department of the Treasury Internal Revenue Service		Complete it the organization answered Tes To Form 990, Fait by interaction of Zamer 10, interaction Zamer 200.	If answered Tes to Form 990. ▼ Attach to Form 990.	10 rum 330, ra n 990.	(114) IIII 6 2 1 01 22.			Open to Public Inspection
Name of the organization Feeding	ling America's Food Providers	Children,	Inc.				Employer i	Employer identification number 86 - 0986348
Part I General Information on	General Information on Grants and Assistance							
	records to substantiate to records to substantiate to records to substance?	the amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete	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 recover ments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recover more than \$5,000. Chack this box if no one recover more than \$5,000. Part II can be dualicated if additional space is needed	and Organizations in the	United States. Co	omplete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21,	for any
1 (a) Name and address of organization or government	nization (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
Cancer Prevention and Research Fund - 1741 W Rose Garden Lane, Ste 9 - Phoenix, AZ 85027	rch ane, 27-3294092	501(c)(3)	5,538,	0	Actual Value		Feeding Programs	Programs
Feed My Hungry People, Inc. 15455 N Greenway Hayden Loop, Scottsdale, AZ 85260	p, ste ¢	501(c)(3)	0000 6	0	Actual Value		Feeding Programs	Programs
Children's Emergency Medical Fund 1741 W Rose Garden Lane, Ste 9 Phoenix, AZ 85027			2 000	•0	Actual Value		Feeding Programs	Programs
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	501(c)(3) and government tanizations	organizations						3.
۔ ا	ct Notice, see the Instru	ctions for Form 990.					Schedi	Schedule I (Form 990) (2010)

Page 2

86-0986348

Schedule I (Form 990) (2010) **fka Food Providers of America**Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Feeding Programs - Direct Clients	12343	0	925,703,	925,703,Fair Market Value	Various Food Items - 617,135 1bs of fresh produce
Part IV Supplemental Information. Complete this part to provide the information. Complete this part to provide the information.	de the information ring 990	and Month	ormation required in Part I, line 2, and any other add	information required in Part I, line 2, and any other additional information g 990 and Monthly reporting	

Direct Clients are individuals who are given perishable and

non-perishable food from food banks. The number of recipients assisted

is an estimate based on each individual taking 50 lbs of food.

032102 01-13-11

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.

2010
Open To Public Inspection

Name of the organization

Feeding America's Children, Inc.

Employer identification number

fka	Food	<u>Provi</u>	ders d	of Amer	ica		8	6-09	<u>8634</u>	8	
Part I Excess Benefit	Transacti	ons (sect	ion 501(c)(3) and sectio	n 501(c)(4) organizatio	ns only).					
Complete if the orga	nization ansv	vered "Yes	s" on Form	990, Part IV,	line 25a or 25b, or Fo	m 990-E	Z, Part	V, line 40	b.		
1 (a) Name of disc	nualified ners	eon.			(b) Description	of transa	ction			(c) Corr	ected?
(a) Name of dis-	qualifica porc				(b) Description					Yes	No
			•								
											
2 Enter the amount of tax impo	acad on the c	raanizatio	n managari	or disqualifi	ad pareage during the	. Voor un	dor				
section 4958	osed on the c	organizatio	n manager	or uisquaiiii	ed persons during the	year un	uer	•			
3 Enter the amount of tax, if ar	v on line 2:	above reir	nbursed by	the organiza	ation			→ \$			
b Entor the amount of tas, in a	.,, 0.1 2,	45010, 10	,	tho organize				ν,			
Part II Loans to and/or	r From Int	erested	Persons) .							
Complete if the orga	nızatıon ansv	vered "Yes	s" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	, line 38	3a			
(a) Name of interested	(b) Loan t		(c) Origin	nal principal	(d) Balance due		In	(f) App	roved	(g) W	
person and purpose	the organ	nization?	ar	nount		defa	ult?	comm		agreer	ment?
	То	From				Yes	No	Yes	No	Yes	No
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						 		-			
						<u> </u>		 			
			+					 		-	
	 					1					
						 					
Total			1	▶ \$		<u> </u>					
Part III Grants or Assis	tance Ber	nefiting	Intereste	d Person	s.	1					
Complete if the orga	nization ansv	vered "Yes	s" on Form	990, Part IV,	line 27.						
(a) Name of interested	person		(b) Relati	onship betwe	een interested person ganization	and		(c) Am	ount an	d type of	f
Feed My Hungry Pe	eople	Do	nor to	Organ	ization		Gr	ant	9.00	0.	
	•										

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

Schedule L (Form 990 or 990-EZ) 2010

See Part V for Continuations

Page 2

Schedule L (Form 990 or 990-EZ) 2010				_	Page 2
Part IV Business Transactions Involv	•	Ob			
Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's lues?
				Yes	No
Cancer Prevention and Rese		5,538		ļ	X
Children's Emergency Medic	Familial relationsh	5,000	Grant	ļ	<u> </u>
		<u>.</u>	-	 	
				 	
				 	
Part V Supplemental Information					
	al information for responses to question	s on Schedule L (see	instructions)		
Sch L, Part III, Grants or	Assistance Benefit	ting Intere	ested Persor	ıs:	
(a) Name of Person: Feed M	y Hungry People				
(b) Relationship Between I	intorogted Pergen and	Organisas	-ion.		
(b) Relationship Between I	inceresced rerson and	u Organiza	21011.		
Donor to Organization	.	·			
(c) Amount of Grant \$ 9,0	100.				
(c) 12mou210 02 02 010					
(c) Type of Assistance: Gr	<u>rant</u>				
Gala I Bank III Bankanan II		- T-+	D		
Sch L, Part IV, Business T	ransactions involvi	ng interes	ted Persons	<u> </u>	
(a) Name of Person: Cancer	Prevention and Res	earch Fund			
(b) Relationship Between I	nterested Person and	d Organiza	tion:		
President is common to bot	h organizations.				
(c) Amount of Transaction					
(d) Description of Transact					
(e) Sharing of Organization	n Revenues? = No	-			
(a) Name of Person: Childr	on's Emorgonau Modi	aal Eund			
(a) Name of Person: Children	en s Emergency Medi	cal Fund			
(b) Relationship Between 1	interested Person and	d Organiza	tion:		
Familial relationship betw	ween board president	s.			
(c) Amount of Transaction	\$ 5,000.				
(d) Description of Transac	tion: Grant				
032132 12-21-10			Schedule L (Form 990	or 990-E	: Z) 2010

Schad	اعارا	(Form gan	or aan	EZ) 2010 fka Fo	ng America : nod Provide:	rs of Am	en, inc. erica	86-0986348 Pa	ane o
Part	: V	Supple	ment	al Information	JOU FIGVIUE.	ra or will	CIICA	00 0700340 Pa	<u> </u>
	-			art to provide addition	al information for resp	onses to questi	ons on Schedule L	. (see instructions).	
<u>(e)</u>	Sh	naring	of	Organizatio	on Revenues	? = No			
		•					_ _		
							·		
									
				·					
					·				
	_								
									-
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							<u>-</u> -	-	

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

Name of the organization

► Attach to Form 990.

Feeding America's Children, Inc.

fka Food Providers of America

Employer identification number 86-0986348

Par	rt I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on	(d) Method of d noncash contrib	etermining	nts
	Ant Mante of out		items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications					 -	
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or				·		
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial				. <u>-</u> .		
17	Real estate · Other						
18	Collectibles	77		1 067 007	- 1 36 1 1	1	
19	Food inventory	X	1	1,267,007.	rair Market	: Value	≥
20	Drugs and medical supplies						
21	Taxidermy		-				
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()				L	_	
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	53, Paπ IV, I	Douee Acknowled	gement 29			
20-	Duran the year did the experiention receive by					Yes	No
30a	During the year, did the organization receive by						
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for exem	npt purposes for		۱.,
	the entire holding period?		•			30a	<u> </u>
	If "Yes," describe the arrangement in Part II.			-6	4 0	1	
31	Does the organization have a gift acceptance p	-	•			31	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	<u> </u>
	If "Yes," describe in Part II						
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,		
	describe in Part II.					<u> </u>	Щ,

Schedule M (Form 990) (2010)

Schedule M	l (Form 990	0) (2010)	fka	Food Pi	covide	ers d	of Amer	ica		86-0986	348	Page 2
Part II	Supple	mental	Infor	nation. Con	plete this	part to	provide the inf	formation requ	ired by	y Part I, lines 30b, 32b, an	d 33.	·g
	Also com	nplete this	part for	any additiona	ıl ınformat	ion.						
a - h - a -	.7 - 34	D L	_	a - 1	(L)	ml	7	1	. e		•	
Scheau	ile M,	Part	. т,	Column	:(a)	Tne	actual	number	ΟĪ	contributors	ıs	
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

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

Employer identification number 86-0986348

ika Food Providers of America	86-0986348							
Form 990, Part I, Line 1, Description of Organization Miss	sion:							
lifesaving emergency food to hungry families throughout the United								
States of America.								
Form 990, Part VI, Section B, line 11: The 990 is reviewed	d and approved at							
the annual board meeting.								
Form 990, Part VI, Section B, Line 12c: At annual board me	eetings,							
compliance is checked.								
Form 990, Part VI, Section B, Line 15: The CEO salary is o	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 t	the charity the							
CEO is a volunteer and does not receive a salary.								
Form 990, Part VI, Section C, Line 18: The Organization ma	akes its Forms							
1023 and 990 available for public inspection upon request.	. The							
Organization makes its Form 990 available on its website a	and							
www2.guidestar.org as well.								
Form 990, Part VI, Section C, Line 19: The Organization ma	akes it governing							
documents, conflict of interest policy and financial state	ements available							
to the public upon request. The Organization makes its f	inancial							
statements available on its website as well.								

... 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172
2010
Attachment

Name(s) shown on return

Feeding America's Children Inc

Business or activity to which this form relates

990

Identifying number

	eding America's Chi		ic.	L				
	Food Providers of		70.51			Page 10		86-0986348
	rt Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	u have any lis	sted property,	complete Part		
	Maximum amount (see instructions)						1	500,000.
	otal cost of section 179 property pla	2	2 000 000					
	hreshold cost of section 179 propert	3	2,000,000.					
_	Reduction in limitation Subtract line 3	5						
	ollar limitation for tax year Subtract line 4 from lin (a) Description of p		r -0- If married film	ng separately, se (b) Cost (busin		(c) Electe		····
_6	(a) Description of p	d Cost						
7 1	usted property. Enter the amount from	m line 29	<u> </u>		7			
	otal elected cost of section 179 prop		s in column (c) lines 6 and			8	
	entative deduction. Enter the smalle	-		,,	•		9	
_	Carryover of disallowed deduction fro			32			10	
	Business income limitation. Enter the	•			ro) or line 5		11	
	Section 179 expense deduction. Add		•		•		12	<u> </u>
	Carryover of disallowed deduction to	•			▶ 13	· · · · · · · · · · · · · · · · · · ·	12	
	: Do not use Part II or Part III below f				- 1.10			
Pai	rt II Special Depreciation Allow	ance and Other D	epreciation (Do not inclu	de listed prop	perty)		
14 5	Special depreciation allowance for qu							
	he tax year	. , , ,		771			14	
15 F	Property subject to section 168(f)(1) e	lection					15	
	Other depreciation (including ACRS)						16	174.
	rt III MACRS Depreciation (Do n	ot include listed p	roperty) (See	instructions)			
			Se	ction A				
17 N	MACRS deductions for assets placed	in service in tax y	ears beginnin	g before 201	0		17	
	you are electing to group any assets placed in se					. ▶ □] [
	Section B - Asset						ation Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
<u>b</u>	5-year property					_		
c	7-year property							
<u>d</u>	10-year property							
_ е	15-year property		_					
<u>f</u>	20-year property		_					
_9	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs	MM	S/L	
	Trosidoritiai fortiai property	/			27 5 yrs.	MM	S/L	
i	Nonresidential real property	/ /			39 yrs.	MM	S/L	
		/			<u> </u>	MM	S/L	····
	Section C - Assets	Placed in Service	During 2010	Tax Year U	sing the Alte	rnative Depred	iation Syst	tem
<u>20a</u>	Class life	_					S/L	
<u> </u>		12-year			12 yrs.		S/L	
<u>_</u>	40-year	40 yrs.	MM	S/L				
	t IV Summary (See instructions.)			_				
	isted property. Enter amount from lin						21	
	otal. Add amounts from line 12, lines							
	inter here and on the appropriate line	-	•	•	tions - see ins	str	22	174.
	or assets shown above and placed ii	-	e current year	r, enter the				
	ortion of the basis attributable to sec				23			
01625° 12-21-	10 LHA For Paperwork Reduction	n Act Notice, see	separate ins	tructions.				Form 4562 (2010)

Pa	art V	Listed Propert	y (Include a	utomobiles, c	ertaın oth	er vehic	les, cer	taın cor	nputers	s, and pro	perty us	ed for er	tertainn	nent, rec	reation,	or
		amusement.) Note: For any	ehicle for wi	hich vou are i	ısına the	standard	d milead	ie rate d	or dedu	ctina leasi	e expens	e. comp	lete onl	v 24a. 2	4b. colur	nns (a)
		through (c) of S														
		Section A -	Depreciation	on and Other	Informa	tion (Ca	ution:	See the	ınstruc	tions for l	mits for	passeng	er auton	nobiles.)		
24a	Do you	ı have evidence to s	upport the bu	siness/investm	ent use cla	aimed?	<u> </u>	es	No	24b If "Y	'es," ıs tl	ne evidei	nce writ	ten?	Yes	No
		(a)	(b) Date	(c) Business	,	(d)		(e)		(f)	1	(g)		(h)		(i)
			investmen	t Costor		Basis for deprec			Recovery period				eciation		cted on 179	
			ge other basis			use only)		Period	Convention		deduction			ost		
25	Specia	il depreciation allo	owance for q	ualified listed	property	placed	ın servi	ce durir	ng the t	ax year ar	nd					
		nore than 50% in										25			l	
26	Proper	ty used more tha	n 50% in a c	qualified busir	ess use:											
					%											
					%											
			L		%										1	
27	Proper	ty used 50% or le	ess in a qual	ified business	use.											
					%						S/L -					
					%						S/L -					
					%						S/L -					
28	Add ar	mounts in column	(h), lines 25	through 27. I	Enter her	e and or	ı lıne 21	, page ¹	1			_28				
29	Add ar	mounts in column	(ı), line 26. E	Enter here and	on line	7, page	1							29		
				:	Section I	B - Infor	mation	on Use	of Vel	hicles						
	•	this section for ve				-				-		•				
-	-	rided vehicles to y	our employe	ees, first answ	er the qu	uestions	ın Sect	ion C to	see if	you meet	an exce	otion to	complet	ing this s	section fo	or
thos	se vehi	cles													_	
						a)	((b)		(c)	(d)	(e)	(f)	
30	Total bu	usiness/investment	miles driven d	luring the	Veh	nicle	Ve	hicle	١ ١	/ehicle	Vel	nicle	Vehicle		Veh	ıcle
	year (d	o not include comi	nuting miles)				ļ							_		
31	Total o	commuting miles	driven during	the year				_								
32	Total o	other personal (no	ncommuting	g) miles												
	driven						<u> </u>				<u> </u>					
33	Total n	niles driven during	g the year.													
	Add Iır	nes 30 through 32	?							,		· · · · · · · ·				
34	34 Was the vehicle available for personal use				Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during	off-duty hours?						ļ								
35	Was th	ne vehicle used p	rımarıly by a	more	1									ŀ		
	than 5	% owner or relate	ed person?					ļ	4							
36	Is anot	ther vehicle availa	ble for perso	onal												
	use?															
			Section C	- Questions	for Emp	loyers V	Vho Pro	vide Ve	hicles	for Use b	y Their I	Employe	es			
Ans	wer the	ese questions to	determine if	you meet an	exception	n to com	pleting	Section	B for v	ehicles us	sed by e	mployee	s who a	re not m	ore than	5%
owr	ners or	related persons														
37	Do you	u maintain a writte	en policy sta	tement that p	rohibits a	all perso	nal use	of vehic	les, inc	luding co	mmuting	, by you	r		Yes	No
	emplo	yees?														
38	Do you	u maintain a writte	en policy sta	tement that p	rohibits p	personal	use of	vehicles	s, excep	ot commu	ting, by	our				
	emplo	yees? See the ins	structions foi	r vehicles use	d by corp	orate of	fficers, c	director	s, or 1%	6 or more	owners					
39	Do you	u treat all use of v	ehicles by e	mployees as _l	personal	use?										
40	Do you	u provide more th	an five vehic	les to your er	nployees	, obtaın	ınforma	tion froi	m your	employee	s about					
	the us	e of the vehicles,	and retain th	ne information	received	1?										
41	Do you	u meet the require	ements conc	erning qualific	ed autom	obile de	monstr	ation us	e?							
		If your answer to	37, 38, 39, 4	10, or 41 is "Ye	es," do no	ot comp	lete Sec	tion B f	for the o	covered ve	ehicles.					
P	art VI	Amortization				1										
		(a) Description o	f costs	Dai	(b) (c)				(d) (e) Code Amortizat		kon ^-		(f) mortization			
			. 55515		begins						section period or period					
<u>42</u>	Amort	zation of costs th	at begins di	uring your 201	0 tax yea	ar:										
			_													
						<u> </u>	_		L_			_			_	
43	Amorti	ızatıon of costs th	at began be	fore your 201	0 tax yea	ar							43			
44	3 Amortization of costs that began before your 2010 tax year 4 Total. Add amounts in column (f) See the instructions for where to report 44															