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Form 990  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 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 03-01-2011 and ending 02-28-2012			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FEED MY STARVING CHILDREN INC		D Employer identification number 41-1601449
	Doing Business As		E Telephone number (763) 504-2919
	Number and street (or P O box if mail is not delivered to street address) 401 93RD AVE NW	Room/suite	G Gross receipts \$ 19,973,174
	City or town, state or country, and ZIP + 4 COON RAPIDS, MN 55433		
	F Name and address of principal officer MARK CREA 401 93RD AVE NW COON RAPIDS, MN 55433		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.fmssc.org			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1986	M State of legal domicile MN

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	199
	6 Total number of volunteers (estimate if necessary)	6	566,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,654,580	18,428,864
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,630	-9,084
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	607,873	777,204
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,264,083	19,196,984
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,977,108	10,080,358
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,070,077	4,679,555
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,018,280	0	32,158
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,104,167	3,212,198
	19 Revenue less expenses Subtract line 18 from line 12	16,151,352	18,004,269
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-1,887,269	1,192,715
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	5,365,542	6,626,464
		1,960,228	1,861,616
		3,405,314	4,764,848

Part II		Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2012-07-12</div> <div>Date</div>
	<div>MARK CREA CEO</div> <div>Type or print name and title</div>		
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>WILLIAM BELVEDERE CPA</div>	<div>Date</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>
	<div>Preparer's taxpayer identification number (see instructions)</div>		<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>SCHECHTER DOKKEN KANTER CPA'S</div> <div>100 WASHINGTON AVE SO 1600</div> <div>MINNEAPOLIS, MN 554012192</div>
		<div>EIN</div>	<div>Phone no</div> <div>(612) 332-5500</div>
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			

Part 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

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 15,682,666 including grants of \$ 10,057,951) (Revenue \$)

SEE SCHEDULE O

4b

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

SEE SCHEDULE O

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 15,682,666

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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.		No
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.		No
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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
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.		No
c	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.		No
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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
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.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
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 U S ? If "Yes," complete Schedule F, Part II and IV.	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV.		No
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.	Yes	
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.	Yes	
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	26
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	199
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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 or securities account)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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 solicit any contributions that were not tax deductible?	6a	No
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).		
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 payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 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.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AZ , IL , MN , PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BARB MONSON 401 93RD AVE NW COON RAPIDS, MN 55433 (763) 231-0157

Part VII

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

Check if Schedule O contains a response 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, and **current** key employees 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, or 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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY ALCOTT BOARD MEMBER	5 0	X						0	0	0
(2) EARL K BEITZEL BOARD MEMBER	5 0	X						0	0	0
(3) TOM BRADY TREASURER	5 0	X		X				0	0	0
(4) DAWN EBER BOARD MEMBER	5 0	X						0		0
(5) STEVE CARTER BOARD MEMBER	5 0	X						0	0	0
(6) PHIL HANSON SECRETARY	5 0	X		X						
(7) JULIE A KIMBLE BOARD MEMBER	5 0	X						0	0	0
(8) LISA MOE VICE CHAIR	5 0	X		X				0	0	0
(9) KATHRYN NASH BOARD MEMBER	5 0	X						0	0	0
(10) TAD WEISS CHAIR	5 0	X		X				0	0	0
(11) PASTOR TIMOTHY P WESTERMEYER BOARD MEMBER	5 0	X						0	0	0
(12) DAN YOUNG BOARD MEMBER	5 0	X						0	0	0
(13) TODD STOHLMEYER BOARD MEMBER	5 0	X						0	0	0
(14) PASTOR WILL HEALY BOARD MEMBER	5 0	X						0	0	0
(15) LEIF SYVERSON BOARD MEMBER	5 0	X						0	0	0
(16) MARK CREA EXECUTIVE DIRECTOR	40 0			X				132,660	0	15,519
(17) BRIAN MOLOHON AREA DEVELOPMENT	40 0			X				24,935	0	3,828

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW MURASKI DIRECTOR OF OPERATIONS	40 0			X				87,496	0	15,449
(19) JEANINE PICARDI DIR OF ADMINISTRATION	40 0			X				87,048	0	795
(20) BARB MONSON DIR OF FIN AND ACCOUNTING	40 0			X				73,327	0	4,515
(21) HOLLY DONATO NATIONAL MARKETING DIRECTOR	40 0			X				73,026	0	0
(22) PATRICIA SWANKE DIRECTOR OF OPERATIONS	40 0			X				57,519	0	4,018
(23) CHRIS THOMPSON NATIONAL DEVELOPMENT DIRECTOR	40 0			X				2,692	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								538,703	0	44,124

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII

Statement of Revenue

				(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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	345,993			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,082,871			
	g	Noncash contributions included in lines 1a-1f \$ 105,190					
	h	Total. Add lines 1a-1f		18,428,864			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,685		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-11,769			-11,769
8a		Gross income from fundraising events (not including \$ 345,993 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses	a b	343,847 183,790			
c		Net income or (loss) from fundraising events . . .		160,057			160,057
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . . .		0			
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold	a b	1,127,821 510,674			
c		Net income or (loss) from sales of inventory . . .		617,147	617,147		
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		19,196,984	617,147		150,973	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	10,057,951	10,057,951		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	22,407	22,407		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	586,497	381,223	123,164	82,110
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,461,274	2,249,828	726,868	484,578
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	317,278	206,231	66,628	44,419
10	Payroll taxes	314,506	204,429	66,046	44,031
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	25,728	6,220	9,275	10,233
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	32,158			32,158
f	Investment management fees	0			
g	Other	232,624	56,241	83,858	92,525
12	Advertising and promotion	93,960	67,429		26,531
13	Office expenses	685,269	566,184	43,761	75,324
14	Information technology	97,973	60,199	18,870	18,904
15	Royalties	0			
16	Occupancy	885,358	824,163	38,116	23,079
17	Travel	448,753	381,710	22,348	44,695
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	245,929	209,039	14,756	22,134
23	Insurance	130,645	114,409	10,824	5,412
24	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)				
a	EMPLOYEE RECRUITING	73,269	2,198	70,338	733
b	CHARITABLE CONTRIBUTIONS	66,520	66,520		
c	MEALS AND ENTERTAINMENT	44,723	38,042	2,227	4,454
d	TRAINING & STAFF DEVELOPMENT	10,391	6,754	2,182	1,455
e					
f	All other expenses	171,056	161,489	4,062	5,505
25	Total functional expenses. Add lines 1 through 24f	18,004,269	15,682,666	1,303,323	1,018,280
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,684,553	1	3,592,924
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			537,114	3	679,174
	4	Accounts receivable, net			9,693	4	12,762
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			1,143,015	8	1,463,474
	9	Prepaid expenses and deferred charges			150,092	9	158,549
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,892,208	810,864	10c	689,370
	b	Less: accumulated depreciation	10b	1,202,838			
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			30,211	15	30,211
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,365,542	16	6,626,464
Liabilities	17	Accounts payable and accrued expenses			1,710,228	17	1,861,616
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			250,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			1,960,228	26	1,861,616
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,300,314	27	4,372,222
	28	Temporarily restricted net assets			105,000	28	392,626
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,405,314	33	4,764,848
	34	Total liabilities and net assets/fund balances			5,365,542	34	6,626,464

Part 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	19,196,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,004,269
3	Revenue less expenses Subtract line 2 from line 1	3	1,192,715
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,405,314
5	Other changes in net assets or fund balances (explain in Schedule O)	5	166,819
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	4,764,848

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,378,272	15,402,115	12,057,764	13,654,580	18,428,864	66,921,595
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	7,378,272	15,402,115	12,057,764	13,654,580	18,428,864	66,921,595
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 4						66,921,595

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,378,272	15,402,115	12,057,764	13,654,580	18,428,864	66,921,595
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,139	19,607	7,542	3,049	2,685	77,022
9 Net income from unrelated business activities, whether or not the business is regularly carried on	357,708	340,203	566,287	607,873		1,872,071
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		2,088				2,088
11 Total support (Add lines 7 through 10)						68,872,776

12 Gross receipts from related activities, etc (See instructions)

121,127,821

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97 167 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95 143 %

16a 33 1/3% support test—2011. 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

b 33 1/3% support test—2010. If the organization did not check the 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—2011. 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—2010. 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

Part III

Support Schedule for Organizations Described in IRC 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-1601449
Name: FEED MY STARVING CHILDREN INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
FEED MY STARVING CHILDREN INC

Employer identification number

41-1601449

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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** ☐ **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V 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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	714,208	453,556	260,652
d Equipment	0	1,051,095	686,726	364,369
e Other	0	126,905	62,556	64,349
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				689,370

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,196,984
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,004,269
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,192,715
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	166,816
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	166,816
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,359,531

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	30,904,617
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	11,185,190
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	522,443
e	Add lines 2a through 2d	2e	11,707,633
3	Subtract line 2e from line 1	3	19,196,984
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	19,196,984

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	29,545,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	11,018,374
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	522,443
e	Add lines 2a through 2d	2e	11,540,817
3	Subtract line 2e from line 1	3	18,004,269
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	18,004,269

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
RECONCILIATION OF REVENUE AND EXPENSE	PART XII & XIII, LINE 2D	FOR FINANCIAL STATEMENT PURPOSES, COST OF SALES OF \$510,674 ARE INCLUDED IN FUNCTIONAL EXPENSES FOR TAX RETURN PURPOSES, COST OF SALES ARE INCLUDED IN PART VIII LINE 10B FOR FINANCIAL STATEMENT PURPOSES, LOSS ON DISPOSAL OF FIXED ASSETS OF \$1,215 AND LOSS ON SALE OF MARKETABLE SECURITIES OF \$10,554 ARE INCLUDED IN FUNCTIONAL EXPENSES FOR FINANCIAL STATEMENT PURPOSES FOR TAX RETURN PURPOSES, THE LOSSES ARE INCLUDED IN PART VIII LINE 7D
FIN 48	UNCERTAIN TAX POSITIONS	MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THERE WERE NO UNCERTAIN TAX POSITIONS (INCLUDING UNRELATED BUSINESS INCOME) THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE TAX YEARS FOR FISCAL 2009 AND FORWARD ARE OPEN TO POSSIBLE ADJUSTMENT BY THE INTERNAL REVENUE SERVICE AND CERTAIN STATE REVENUE DEPARTMENTS. HOWEVER, THE ORGANIZATION HAS RECEIVED NO NOTICE OF ANY INQUIRY.

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

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	AID			22,407	MEALS	MEAL COST

2

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

1

3

Enter total number of other organizations or entities

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

[illegible]

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 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
FEED MY STARVING CHILDREN INC

Employer identification number
41-1601449

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Latz Wall 1101 South Boulevard Suite 205 Oak Park, IL 60302	solicit donations		No	29,565	32,158	0
Total ▶				29,565	32,158	0

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AZ, IL, ME, MN, NH, PA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>CHICAGO GALA</u>	<u>TWIN CITIES</u>	<u>0</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	258,058	431,782	0	689,840	
	2	Less Charitable contributions	144,423	201,570	0	345,993	
3	Gross income (line 1 minus line 2)	113,635	230,212	0	343,847		
Direct Expenses	4	Cash prizes			0	0	
	5	Non-cash prizes			0	0	
	6	Rent/facility costs		4,300	0	4,300	
	7	Food and beverages	29,013	43,308	0	72,321	
	8	Entertainment	1,650	1,713	0	3,363	
	9	Other direct expenses	47,355	56,451	0	103,806	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(183,790)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					160,057

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FEED MY STARVING CHILDREN INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
41-1601449

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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.
Use Schedule I-1 (Form 990) 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	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES	SCHEDULE I, PART I, LINE 2	Procedures for in country food aid and out of country food aid are the same as follows 1 FMSC Pre-screens the requesting distribution partner before approval is given to receive FMSC product Extensive correspondence over the type of feeding programs (school, church, village outreach, etc) and methods of distribution (served cooked, given out uncooked, etc), is completed as a part of this pre-screening process 2 Approved Distribution Partners submit "project forms" prior to sending a container of food to a new feeding program, explaining the location of distribution, demographics, method of distribution, other outreach involved, etc 3 All Distribution Partners are required to send FMSC a Receipt of Shipment that the container arrived as scheduled, as well as submit feedback to FMSC in the form of pictures, stories, and/or reports about the impact of the food once the distribution is underway FMSC annually assesses Distribution Partner's performance 4 If food is sent to a domestic warehouse prior to being shipped internationally, all the above applies just the same, these practices are still in place in-country
ORGANIZATION EMPLOYER ID NUMBERS	PART II, COLUMN B	FMSC MADE A REASONABLE EFFORT TO GATHER THE EMPLOYER IDENTIFICATION NUMBERS FOR EACH OF THE ORGANIZATIONS LIST IN PART II IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

Software ID:

Software Version:

EIN: 41-1601449

Name: FEED MY STARVING CHILDREN INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Action International PO Box 398 Mountlake Ter, WA 98043	51-0163499	501(C)(3)		22,836	Meal Cost	Meals	AID
Allowing Christ To Shine PO Box 841 Warsaw,IN 46581	80-0652537	501(C)(3)		11,863	Meal Cost	Meals	AID
Bright Hope International 2060 Stonington Ave Ste 100 Hoffman Estates, IL 60169	23-7004991	501(C)(3)		23,725	Meal Cost	Meals	AID
Children's Cup PO Box 400 Prairieville, LA 70769	42-1385361	501(C)(3)		111,838	Meal Cost	Meals	AID
Children's Hunger Fund PO Box 7085 Mission Hills, CA 91346	95-4335462	501(C)(3)		193,757	Meal Cost	Meals	AID
Church of Bible Understanding PO Box 20109 Scranton,PA 18502	23-7184229	501(C)(3)		41,420	Meal Cost	Meals	AID
Convoy of Hope 330 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)		1,409,052	Meal Cost	Meals	AID
Coprodeli USA c/o Old St Patricks Catholic Pari Chicago,IL 60661	36-4334727	501(C)(3)		20,809	Meal Cost	Meals	AID
Counterpart International 2345 Crystal Dr Suite 301 Arlington,VA 22202	13-6183605	501(C)(3)		40,877	Meal Cost	Meals	AID
Cross International 600 SW Third Street Suite 2201 Pompano Beach, FL 33060	65-1086387	501(C)(3)		544,150	Meal Cost	Meals	AID
Fabretto Children's Foundation 3124 North 10th Street 2nd Floor Arlington,VA 22201	36-3894824	501(C)(3)		231,651	Meal Cost	Meals	AID
Family Outreach Ministries International PO Box 723543 Atlanta,GA 31139	58-2318743	501(C)(3)		20,760	Meal Cost	Meals	AID
Fire Peru 8410 Pit Stop Ct Nw Ste 160 Concord,NC 28027	59-3563742	501(C)(3)		20,760	Meal Cost	Meals	AID
Food for the Poor 6401 Lyons Road Coconut Creek, FL 33073	59-2174510	501(C)(3)		1,092,220	Meal Cost	Meals	AID
For Haiti With Love 4767 Simcoe St Palm Harbor,FL 34683	59-2281665	501(C)(3)		130,786	Meal Cost	Meals	AID
Free the Kids (Theo's Work) 2303 W Market St Greensboro, NC 27403	22-3741436	501(C)(3)		62,081	Meal Cost	Meals	AID
Friends of Haiti Organization PO Box 535002 Indianapolis,IN 46253	35-0877568	501(C)(3)		62,180	Meal Cost	Meals	AID
Global Aid Network PO Box 139020 Dallas,TX 75313	95-4578963	501(C)(3)		678,049	Meal Cost	Meals	AID
Global Nutrition Alliance 22365 El Toro Rd 338 El Toro,CA 92630	26-1923234	501(C)(3)		6,524	Meal Cost	Meals	AID
Global Orphan Outreach PO Box 193 Ladysmith, WI 54848	26-2504168	501(C)(3)		11,813	Meal Cost	Meals	AID

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Haiti Child Sponsorship1760 Choctaw Trail Maitland, FL 32751	59-2714867	501(C)(3)		11,863	Meal Cost	Meals	AID
Haitian Orthodox Mission1180 Orthodox Way Liberty, TN 37095	62-1001532	501(C)(3)		11,863	Meal Cost	Meals	AID
Haiti's ChildrenC/O Agape Flights 21655 100 Airpo Venice, FL 34285	27-0543619	501(C)(3)		20,760	Meal Cost	Meals	AID
Health & Humanitarian Aid Foundation36 Norris St Garnerville, NY 10923	27-1853859	501(C)(3)		42,969	Meal Cost	Meals	AID
Heart for Africa 13680 Highway 9 Building G Suite 4 Milton, GA 30004	36-4509500	501(C)(3)		20,760	Meal Cost	Meals	AID
Heart of the Bride Building G Suite 400 Niceville, FL 32588	74-2848196	501(C)(3)		20,760	Meal Cost	Meals	AID
Help for Haiti1021 5th Ave North Naples, FL 34102	59-3564329	501(C)(3)		50,762	Meal Cost	Meals	AID
Helping Honduras KidsPO BOX 111777 Campbell, CA 95011	20-4295394	501(C)(3)		10,874	Meal Cost	Meals	AID
Hope 4 Kids InternationalPO Box 74010 Phoenix, AZ 85087	91-1045199	501(C)(3)		23,923	Meal Cost	Meals	AID
Hope for the City 4350 Baker Road Suite 400 Minnetonka, MN 55343	37-1441658	501(C)(3)		144,477	Meal Cost	Meals	AID
International Care Ministries7498 Sheridan Place La Plata, MD 20646	91-1886289	501(C)(3)		207,300	Meal Cost	Meals	AID
International Children's FundPO Box 583 Neenah, WI 54957	39-1303430	501(C)(3)		128,199	Meal Cost	Meals	AID
International Missions Outreach PO Box 1145 Clendenin, WV 25045	55-0644645	501(C)(3)		62,081	Meal Cost	Meals	AID
Joy Christian Fellowship2715 Table Rock Rd Medford, OR 97501	22-3683746	501(C)(3)		20,661	Meal Cost	Meals	AID
Joyce Meyer Ministries700 Grace Parkway Fenton, MO 63026	43-1382734	501(C)(3)		88,624	Meal Cost	Meals	AID
Korean Care Friendship Network 2241 East Continental Boulevard Su Southlake, TX 76092	61-1647324	501(C)(3)		20,760	Meal Cost	Meals	AID
Living Hope Haiti Christian Mission 9200 S Dadeland Blvd Ste 103 Miami, FL 33156	30-0078509	501(C)(3)		124,360	Meal Cost	Meals	AID
Living Water Ministries137 Turnberry Dr Atlantis, FL 33462	65-1088823	501(C)(3)		43,760	Meal Cost	Meals	AID
Lord of Life Lutheran 18500 County Road 101 Maple Grove, MN 55311	41-1339167	501(C)(3)		20,760	Meal Cost	Meals	AID
Love A Child9304 Camden Field Parkway Riverview, FL 33578	59-2672303	501(C)(3)		1,043,238	Meal Cost	Meals	AID

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Medical Missionaries 9590 Surveyor Ct Manassas, VA 20110	54-1990595	501(C)(3)		20,760	Meal Cost	Meals	AID
Misc Giveaway 401 93RD AVE NW COON RAPIDS, MN 55433		501(C)(3)		8,897	Meal Cost	Meals	AID
Mission Haiti 46896 Linkota Ct Lennox, SD 57039	20-3184240	501(C)(3)		20,661	Meal Cost	Meals	AID
Mission of Hope P O Box 60004 Ft Myers, FL 33906	13-4207776	501(C)(3)		104,787	Meal Cost	Meals	AID
New Directions International PO Box 2347 Burlington, NC 27216	56-0953324	501(C)(3)		20,661	Meal Cost	Meals	AID
New Vision Community Church 3119 N Meadow Laredo, TX 78040	04-3745810	501(C)(3)		54,815	Meal Cost	Meals	AID
NE Asia Foundation for Education & Culture 3440 Wilshire Blvd Ste 545 Los Angeles, CA 90010	33-0802338	501(C)(3)		165,781	Meal Cost	Meals	AID
Northwest Haiti Christian Mission 7271 Mayflower Park Zionsville, IN 46077	31-1057251	501(C)(3)		155,664	Meal Cost	Meals	AID
OC Ministries 143 SOUTH SHORE DRIVE FOREST LAKE, MN 55025		501(C)(3)		8,452	Meal Cost	Meals	AID
Operation Blessing 977 Centerville Turnpike Virginia Beach, VA 23463	54-1382657	501(C)(3)		83,039	Meal Cost	Meals	AID
Palawan Orphanage Project 143 SOUTH SHORE DRIVE FOREST LAKE, MN 55025		501(C)(3)		7,233	Meal Cost	Meals	AID
Philos Health 126 2ND Ave Apt 5 San Francisco, CA 94118	20-1267910	501(C)(3)		20,760	Meal Cost	Meals	AID
Pilgrim Africa 4000 Aurora Ave North Suite 111 Seattle, WA 98103	81-0661745	501(C)(3)		45,177	Meal Cost	Meals	AID
Qoryoley Development Community		501(C)(3)		41,519	Meal Cost	Meals	AID
Reach Now International 3939 S Harvard Ave Ste 240 Tulsa, OK 74135	20-5274028	501(C)(3)		1,094,165	Meal Cost	Meals	AID
Risen Savior Missions 812 SPRINGHILL DRIVE BURNSVILLE, MN 55337	41-1990570	501(C)(3)		466,407	Meal Cost	Meals	AID
Salesian Missions 2 Lefevre Lane NEW ROCHELLE, NY 10801	13-1891552	501(C)(3)		209,458	Meal Cost	Meals	AID
Salvadoran American Humanitarian Foundation 2050 Coral Way Ste 600 MIAMI, FL 33145	59-2339140	501(C)(3)		131,214	Meal Cost	Meals	AID
Samaritans International of Waxhaw 985 Hampton Pl MOORESVILLE, NC 28115	81-0587006	501(C)(3)		194,828	Meal Cost	Meals	AID
Seedline International 5409 S County Road 250 E GREENCASTLE, IN 46135	35-2081657	501(C)(3)		22,737	MEAL COST	Meals	AID

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St Matthew's EVANGELICAL Lutheran Church401 93RD AVE NW COON RAPIDS, MN 55433	39-0901174	501(C)(3)	20,760		MEAL COST	Meals	AID
St Stephen's Charitable Fund106 MCCARTHY STREET HOT SPRINGS,AZ 71913		501(C)(3)		11,863	MEAL COST	Meals	AID
Starfish Ministries1706 Front St Pmb 440 LYNDEN,WA 98264	91-1866833	501(C)(3)		90,173	MEAL COST	Meals	AID
The Least of These Ministries170 Airport Drive WESTMINSTER,MD 21157	52-2220216	501(C)(3)		18,387	MEAL COST	Meals	AID
HEARTS OF HOPE INC 220 MERCY LANE COLUMBIA,KY 42728	37-1539518	501(C)(3)		20,661	MEAL COST	Meals	AID
Venture Expeditions511 East Travelers Trail BURNSVILLE, MN 55337	47-1720155	501(C)(3)		20,760	MEAL COST	Meals	AID
World In Need909 MEADOWLARK LANE GOODLETTSVILLE,TN 37072	58-1379188	501(C)(3)		41,420	MEAL COST	Meals	AID
World Missions OutreachPO Box 434 HARRISBURG,NC 28075	58-1736114	501(C)(3)		62,081	MEAL COST	Meals	AID
Youth With A Vision 3666 Westwood Blvd Suite 202 LOS ANGELES,CA 90034		501(C)(3)		20,661	MEAL COST	Meals	AID

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
FEED MY STARVING CHILDREN INC

Employer identification number
41-1601449

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	71,172	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (RAW)	X	3	4,704	FAIR MARKET VALUE
26 Other ► (EQUIPMENT)	X	3	2,130	FAIR MARKET VALUE
27 Other ► (OTHER)	X	54	28,185	FAIR MARKET VALUE
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization FEED MY STARVING CHILDREN INC	Employer identification number 41-1601449
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	PART III, LINE 1	FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT WITH GOD'S HELP FEED MY STARVING CHILDREN WILL STRIVE TO ELIMINATE STARVATION IN CHILDREN THROUGHOUT THE WORLD BY HELPING TO INSTILL COMPASSION IN PEOPLE TO HEAR AND RESPOND TO THE CRIES OF THOSE IN NEED
PROCESS THE ORGANIZATION USES TO REVIEW FORM 990	PART VI, LINE 11A	A COPY OF FORM 990 IS INTERNALLY REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE AND ACCOUNTING IT IS THEN REVIEWED BY THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS PRESENTED TO THE ENTIRE BOARD FOR FINAL APPROVAL
CONFLICT OF INTEREST POLICY/ENFORCEMENT	PART VI, LINE 12 C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON (AS DEFINED IN THE POLICY) MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS RELATING TO HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS OR MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT
PROCESS FOR DETERMINING COMPENSATION	PART VI, LINE 15A &B	ANNUALLY A MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CURRENT COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES USING INFORMATION GATHERED FROM PUBLIC SOURCES, THE COMMITTEE MEMBER DETERMINES WHAT THE MARKET STANDARD PAY IS IN THE 50% BRACKET OF COMPARABLE POSITIONS THE EMPLOYEES ARE GIVEN PERFORMANCE APPRAISALS, AND THE CURRENT LEVEL OF PAY, EMPLOYEE PERFORMANCE, AND MARKET STANDARDS IS REVIEWED BY THE MEMBER OF THE EXECUTIVE COMMITTEE THIS PERSON THEN RECOMMENDS AN INCREASE (IF MERITED) TO THE ENTIRE EXECUTIVE COMMITTEE, WHICH APPROVES, DISAPPROVES OR RECOMMENDS A DIFFERENT WAGE
HOW GOVERNING DOC , COI POLICY , AND FIN STMTS ARE PROVIDED TO PUBLIC	PART VI, LINE 19	COPIES OF ALL INFORMATION ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH GUIDESTAR AND CHARITY REVIEW COUNCIL, AS WELL AS ON THE COMPANY WEBSITE
PROGRAM SERVICES	FORM 990, PART III LINE 4A	FEED MY STARVING CHILDREN IS A NON-PROFIT CHRISTIAN ORGANIZATION COMMITTED TO FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT THE APPROACH IS SIMPLE CHILDREN AND ADULTS HAND-PACK MEALS FORMULATED SPECIALLY FOR STARVING CHILDREN FEED MY STARVING CHILDREN'S FOOD FORMULA IS SCIENTIFICALLY DESIGNED TO MEET THE NEEDS OF SEVERLY MALNOURISHED CHILDREN WE PROVIDE A TEAM-BUILDING ENVIRONMENT WHERE PEOPLE OF ALL AGES CAN COME TOGETHER FOR A COMMON CAUSE PACKING NUTRITIOUS, LIFE-SAVING MEALS FOR STARVING CHILDREN WE THEN SHIP THE MEALS TO MORE THAN 70 COUNTRIES AROUND THE WORLD WE CURRENTLY HAVE 6 PERMANENT SITES COON RAPIDS, EAGAN, AND CHANHASSEN IN MINNESOTA, AURORA AND SCHAUMBURG IN ILLINOIS, AND TEMPE, ARIZONA ADDITIONALLY WE HAVE A MOBILEPACKING OPERATION THAT COVERS THE CONTIGUOUS 48 STATES DURING FISCAL YEARS ENDING FEBRUARY 2012 AND 2011, APPROXIMATELY 566,000 AND 516,000 VOLUNTEERS PRODUCED 133 3 MILLION AND 124 3 MILLION MEALS, RESPECTIVELY
RECONCILIATION OF NET ASSETS	PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES NET DONATED SERVICES AND USE OF FACILITIES
MARKETPLACE	FORM 990, PART III LINE 4B	THE ORGANIZATION ALSO SUPPORTS ECONOMIES WHERE IT DISTRIBUTES MEALS BY PURCHASING HANDMADE CRAFTS AND RESELLING THEM IN ITS MARKETPLACE, AVAILABLE AT ALL PACKING SITES, ONLINE, AND MOST MOBILE PACKING EVENTS