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SCANNED JAN 2 1 2014

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> E	or the	2012 calendar year, or tax year beginning OCT 1, 2012 and ending	SEP 30, 2013	
В	Check if applicable	C Name of organization	D Employer identific	ation number
	Addres change	Feed My Hungry Children		
	Name change	Doing Business As	81-04	<u>551</u> 05
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e E Telephone number	
Ē	Termin		(602)	241-2873
	Amend		G Gross receipts \$	5,698,807.
$\overline{}$	Applica		H(a) Is this a group ref	
	pendin	F Name and address of principal officer Lon Taylor	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates incl	
T-	Tax-exe	mpt status: X 501(c)(3)		st. (see instructions)
		e: ▶ www.feedmhc.org	H(c) Group exemption	
			ar of formation: 1988 M	
		Summary		
		Briefly describe the organization's mission or most significant activities. All aroun	d the world.	people are
Activities & Governance		hurting: suffering from poverty, disasters an		
na		Check this box If the organization discontinued its operations of disposed of mo		
Λē		Number of voting members of the governing body (Part VI; line-1a)	3	5
Ĝ		Number of independent voting members of the governing body (Part VI, iline-1b)	4	<u></u>
ಿ ಶ			5	0
Ęį	1	Fotal number of individuals employed in calendar year 2012 (Part V; line 2a)	·· · · · · 	0
ξ		Total number of volunteers (estimate if necessary)	6	0.
Ä		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	4,841,252.	5,689,233.
Revenue	1	Program service revenue (Part VIII, line 2g)	3,250.	9,574.
ě	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)	0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,844,502.	5,698,807.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,695,783.	5,435,661.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,2 <u>8</u> 9.	14,131.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)		
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,444.	182,146.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,851,516.	5,631,938.
	19	Revenue less expenses. Subtract line 18 from line 12	-7,014.	66,869.
50			Beginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	249,968.	290,092.
₩ <u></u>	21	Total liabilities (Part X, line 26)	1,249.	3,511.
Net Assets or Find Balances	22	Net assets or fund_balances. Subtract line 21 from line 20	248,719.	286,581.
	art II	Signature Block		-
Unc	der pena	lties of perjury, Lideclare that have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is
		t, and complete Declaration of preparer (other than officer) is based on all information of which prepa		/
	·	CANK INN	K12/2	8/13
Sig	ın	Signature of officer	Date	
He		Lon Taylor, President		
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	Cynthia Williams, EA	12/24/13 off-employe	P01222818
	parer	Firm's name James E. Raftery, CPA PC	Firm's EIN	86-0503405
	Only	Firm's address 606 N. Stapley Drive		
030	. Uy	Mesa, AZ 85203	Phone no A	80-835-1040
	v tha II		Ti liblic lib. 3	X Yes No
		RS discuss this return with the preparer shown above? (see instructions)	_ 	Form 990 (2012)
232	001 12-1	₀₋₁₂ LHA For Paperwork Reduction Act Notice, see the separate instructions.		FOITH 330 (2012)

See Schedule O for Organization Mission Statement Continuation

914-44

	990 (2012) Feed My Hungry Children	<u>81-0455105</u>	Page 2
Pai	t 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:		
	All around the world, people are hurting: suffering from	n poverty,	
	disasters and hunger. Feed My Hungry Children helps sta	and in the ga	ap
	to provide the things needy, hurting people may need to	survive and	
	become self-sufficient.		
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	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.	,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	no, are total experience;	
42	(Code) (Expenses \$ 5,575,824 · including grants of \$ 5,435,661 ·) (Reven	9	574.)
40	Christian volunteers meeting the food needs of disadvan	taged childr	
	by rescuing and distributing food to hungry children and	d other	
	individuals.	<u>a ocher</u>	
	Individuals.		
		•	
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
		•	
		-	
40	(Code) (Expenses \$		
4c	(Code / (Expenses \$ including grants of \$ / (Heven	ne a	—— <i>'</i>
			
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,575,824.		
		Form 9	90 (2012)
23200	2	. 5/111 9	· = (=0 ·=)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ı
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ı
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ĺ
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ĺ
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
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	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		.,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		37	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	\vdash
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	, _	7,	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
_	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	 	X
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2010)
		rom	フフリ	(2012)

Fai	t 14 Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	_		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ļ
	contributions? If "Yes," complete Schedule M	_30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			ĺ
	Part V, Ine 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		i	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	1

Form 990 (2012)

Form 990 (2012)

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Feed My Hungry Children 81-0455105 Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 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 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 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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 X **b** Other officers or key employees of the organization ... 15b 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 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AZ, FL, NJ, WA, MA, NY, CA, CT, NC, IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

The Organization - (602) 241-2873
1741 W Rose Garden Lane, No. 9, Phoenix, AZ 85027

232006 12-10-12 Form 990 (2012)

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

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

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

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

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

(A)	(B)	or any related organization compensation (B) (C)						(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	officer and a di			recid	rrus	(ee)	from the	from related	other
	(list any	irecto		ļ				1	organizations	compensation
	hours for related	D TO	8			sated	ļ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ustee	‡ a		83	ubeu	l	(W-2/1099-WISC)		and related
•	below	laalt	tiona		nploy	is st	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key er	Highest compensated employee	Former			5.ga
(1) Lon Taylor	5.00									
President		X		Х				0.	0.	9,787.
(2) Daryl Brumbaugh	1.00]								
Director		X				_		0.	0.	0.
(3) Reed Gibson	1.00						ŀ	_		_
Secretary/Treasurer		X		X		_	٠.	0.	0.	0.
(4) Bob Crane	1.00	<u>ا_</u>		ĺ						
Director		X	<u> </u>		_		<u> </u>	0.	0.	0.
(5) Lordwin Clariza	1.00									
Vice President		X	<u> </u>	X		ļ	-	0.	0.	0.
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Form **990** (2012)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	` (A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Est	ımate	d
	•	hours per					than		compensation	compensation	1	am	ount o	of
		week	offi	cer an	dad	irecto	or/trus	tee)	from	from related		C	ther	
		(list any	ctor						the	organizations	1	comp	ensat	ion
		hours for	Individual trustee or director				뮲		organization	(W-2/1099-MIS	C)	fro	m the)
		related	tee	ustee			en Sa		(W-2/1099-MISC)			orga	nizatı	on
		organizations	置	Institutional trustee		Key employee	Highest compensated employee						relate	
		below	Mdu	율	Officer	e E	is se	盲				orga	nızatıc	ons
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	Sub-total			<u> </u>	_				0.		0.	-	7,7	87.
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	Total from continuation sheets to Part V			•		••			0.		0.		7,7	
								L	·	000 - 6				0 / •
2	Total number of individuals (including but r	not limited to tr	nose	IIST	ea a	DOV	e) w	no r	eceived more than \$100	,000 of reportable	•			_
	compensation from the organization			_									I	
											ſ		Yes	No
3	Did the organization list any former officer			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual							•		.	3		<u> X</u>
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atioi	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	, " CC	mpl	ete :	Sch	edul	e J	for such ındivıdual	••		4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	any	y uni	relat	ted organization or indiv	dual for services	İ			
	rendered to the organization? If "Yes," con	nplete Schedui	le J	for s	uch	pen	son					5_		X
Sec	tion B. Independent Contractors								-					
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of com	pens	ation fi	om	
•	the organization. Report compensation for													
	(A)	the calcinating	-	<u> </u>	<u> </u>		<u> </u>		(B)	, ou		(C	·	
	Name and business	address	N	ON	F				Description of s	services '	С	omper		n
		<u> </u>	TA	OI4.					•			<u>`</u>		
								-	-					
2	Total number of independent contractors (including but r	not l	mite	ed to	the	ose li	ster	d above) who received r	nore than				
_	\$100,000 of compensation from the organ	_					0							
	w 100,000 of compensation from the organ	IZULIOIT P					<u> </u>	_	.			Form 5	990 <i>(</i>	2012

		_	Check if Schedule O cont	ains a response	to any question i	n this Part VIII . (A)	(B)	(C)	. (D)
	•					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tt st	1	a	Federated campaigns	1a	141,068.				
P a			· · · · · · · · · · · · · · · · · · ·	1b					
S,E		С	Fundraising events	1c					
業を			Related organizations	1d					
S.E			Government grants (contribut						
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, gran						
돌림		-	similar amounts not included abo		548,165.				
Ξ <u>Θ</u> Ξ		a	Noncash contributions included in lines		355,691.				
일본			Total. Add lines 1a-1f			5,689,233.			
					Business Code			-	
a l	2	a	Program Develor	oment	900099	6,374.	6,374.		
울			Farm Rental Inc		531190	3,200.	3,200.		
Program Service Revenue		c	1011001		331130	0,2001	5,2000		
Ĕ Š		d							
P.C		e							
도		-	All other program service reve	enue					
1			Total. Add lines 2a-2f			9,574.			
	3	9	Investment income (including	dividends intere	est and	3,0,10			
1	Ŭ		other similar amounts)		>				
	4		Income from investment of ta		roceeds				
	5		Royalties	ix exempt bond p	orocccus _			······································	
	9		noyanos	(i) Real	(ii) Personal				
	6	_	Gross rents	Wilcai	(ii) i craoriai				
	-		Less rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
Ì			Gross amount from sales of	(i) Securities	(II) Other				
	′	a	assets other than inventory	(i) Securities	(ii) Other				
		L	Less: cost or other basis						
		U							
l		_	and sales expenses			1			
			Gain or (loss)	L					
			• , ,						
ng	8	а	Gross income from fundraisin including \$						
Š.			contributions reported on line		ŀ		,		
œ				a					
Other Revenu		h	Less direct expenses	u	1				
ō			Net income or (loss) from fun-	-					
			Gross income from gaming a						
	,	-	Part IV, line 19						
		h	Less: direct expenses	a					
			Net income or (loss) from gan						[
			Gross sales of inventory, less						
	.0	u	and allowances						1
		h	Less: cost of goods sold	a					
			Net income or (loss) from sale						
-		C .	Miscellaneous Revent		Business Code				
	11	_			Business Code				
		b							
		ت ث	All other revenue						
		a	All other revenue						-
	12	æ	Total. Add lines 11a-11d Total revenue. See instructions.			5,698,807 .	9,574.	0.	0.
232009 12-10-			Total leveline. Occ manuchons.	· · · · · · ·		<u>-,0,0,001.</u>	<u> </u>		Form 990 (2012)

Form 990 (2012) Feed My Hungry Children
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	5,124,346.	5,124,346.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	1,626.	1,626.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	309,689.	309,689.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	14,131.	11,305.	2,826.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u>.</u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	13,073.		13,073.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	6,303.	4,090.	2,213.	
12	Advertising and promotion	192.			192
13	Office expenses	10,489.	1,446.	9,043.	-
14	Information technology	217.		217.	
15	Royalties				
16	Occupancy				
17	Travel	34,777.	31,183.	3,594.	
18	Payments of travel or entertainment expenses			•	<u>.</u>
	for any federal, state, or local public officials		į	Į.	
19	Conferences, conventions, and meetings	6,711.	3,185.	3,526.	
20	Interest	91.	-,	91.	-
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	9,949.	7,959.	1,990.	
23	Insurance	2,251.	1,801.	450.	
24	Other expenses. Itemize expenses not covered		- , - -		
	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Ministerial allowances	92,132.	73,705.	18,427.	
b	Storage rental	5,961.	5,489.	472.	
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,631,938.	5,575,824.	55,922.	192
26	Joint costs. Complete this line only if the organization		_,,	,	
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			'	
	VIDIMUVIII				

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response to any	question in	this Part X	·		
	•				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			50,388.	1_	74,526.
	2	Savings and temporary cash investments		· · · · · · · · ·		2	
	3	Pledges and grants receivable, net			59,513.	3	85,652.
-	4	Accounts receivable, net	•	· · · · · · · · · · · · · · · ·	3,250.	4	3,200.
-	5	Loans and other receivables from current and fo	ormer officers	. directors.			
	•	trustees, key employees, and highest compensation		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L	,			5	
	6	Loans and other receivables from other disquali	fied persons	(as defined under			
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use	• •	,		8	
٠	9	Prepaid expenses and deferred charges	•	•	1,552.	9	1,398.
	_	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	86,375.			
- 1	b	Less: accumulated depreciation	10b	86,375. 69,701.	26,623.	10c	16,674.
- 1	11	Investments - publicly traded securities		, , , , , ,		11	
İ	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments · program-related. See Part IV, line			108,642.	13	108,642.
	14	Intangible assets		" '		14	
	15	Other assets. See Part IV, line 11	•			15	
	16	Total assets, Add lines 1 through 15 (must equ	al line 34)		249,968.	16	290,092
	17	Accounts payable and accrued expenses			1,249.	17	3,511.
	18	Grants payable	<u> </u>	18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · · · · ·		20	
ی	21	Escrow or custodial account liability. Complete	Part IV of Sci	nedule D		21	
Liabilities	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
دُ		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third pa	ties		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	s		24	
	25	Other liabilities (including federal income tax, pa	yables to rel	ated third			
- 1		parties, and other liabilities not included on lines	s 17-24). Con	nplete Part X of			
i		Schedule D		. [25	
	26	Total liabilities. Add lines 17 through 25			1,249.	26	3,511.
		Organizations that follow SFAS 117 (ASC 958	3), check her	e▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
	27	Unrestricted net assets			248,719.	27	286,581.
395	28	Temporarily restricted net assets			_	28	
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
בֿ l		Organizations that do not follow SFAS 117 (A	NSC 958), ch	eck here 🕨 📖 📗			
ō		and complete lines 30 through 34.					
ers	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed	quipment fun	d <u> </u>		31	
er'	32	Retained earnings, endowment, accumulated in	ncome, or oth	er funds .		32	
2	33	Total net assets or fund balances			<u>248,719.</u>	33	286,581.
	34	Total liabilities and net assets/fund balances		i i	249,968.	34	290,092.

Form 990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

ition or a section

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of	the organizati			-				E		identification	
Dord I	Doggon		Hungry Chil				\ O== :==4			<u>1-0455</u>	105
Part I			ity Status (All organiz					ructions.			
			because it is: (For lines 1	_							
1 🔀			s, or association of church		nbea in se	ction 170	(b)(1)(A)(i)	•			
2			'0(b)(1)(A)(ii). (Attach Scl			470(1.)(4)(*****				
3			tal service organization o					/L\/4\/A\/::	:\ Entor:	tha haanstal'	'a nama
4 📖			operated in conjunction	with a nos	pitai descr	ibed in se	Ction 170	(D)(Т)(А)(П	ı). Enter	ine nospitai	S name,
5 🗀	city, and stat An organizati		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unr	t describ	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🗀	A federal, sta	ite, or local governm	ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).				
7 🗀	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	ribed ın
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)						
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support for	rom contri	butions, m	embershi	p fees, a	nd gross rec	eipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	investment
	income and i	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon	after June 3	0, 1975.
	See section	509(a)(2). (Complete	e Part III.)								
10 🖳	_		perated exclusively to tes	-	-			-			
11 📖			perated exclusively for th								
	, ,	• • •	ations described in section		•). See se c	tion 509(a)(3). Ch	eck the box	that
			organization and comple								
	a L Type	-	· ·		_	integrated					ly integrated
e		-	t the organization is not		_	_	-				
			han one or more publicly						9(a)(1) or	section 509	(a)(2).
f	_		ten determination from t	ne ins tha	atitisa iy	pe i, Type	ii, or Type)			
		rganization, check th					of the fall				. Ш
g	_		organization accepted ar							,	Yes No
	• • •		lirectly controls, either alupported organization?	one or tog	eniei wini	persons c	iescribed i	ii (ii) ailu (iii) Delow	, 11g(i)	TES NO
	•		n described in (i) above?	•	•			•		11g(ii)	
		•	person described in (i) o		2					11g(iii)	
h		=	about the supported or							[119(/	
	T TOVIGO LIIO I	Ollowing in normation	about the supported of	garnzation	(0)						
(i) Name	of supported	/ii\ EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	ı notıfy the	(vi) ls	the	(vii) Amount	t of monetary
	anization	(ii) EIN	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizáti (i) organiz	on in col. red in the	1	port
				governing	document?	(i) of you	support?	(i) organiz U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
											
								_	ļ		
					-						
						1					
Total							<u></u>				

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete or	nly if you checked the box on line 5, 7, or 8 of Pa	t I or if the organization failed	i to qualıfy ι	under Part III. If the org	ganızatıon
fails to qualif	y under the tests listed below, please complete I	Part III)			

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					· · · · · · · · · · · · · · · · · · ·	
4	Total. Add lines 1 through 3					 	· · · · · · · · · · · · · · · · · · ·
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		•				
	amount shown on line 11,						
_	column (f)			 		1	
_	Public support. Subtract line 5 from line 4 ction B. Total Support		<u> </u>	<u> </u>	.1	J	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(6) 2000	(6) 2010	(4) 2011	(0)2012	(1) 10141
8	Gross income from interest,				-		
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		ļ				
9	Net income from unrelated business			†	·		
3	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital				İ		
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						_
	Gross receipts from related activities.	etc. (see instruct	ions)	•	<u> </u>	12	· · · · · · · · · · · · · · · · · · ·
	First five years. If the Form 990 is for			rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stor	-	·	· · · · · · · · · · · · · · · · · · ·			▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage			7	
14	Public support percentage for 2012 (line 6, column (f) d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	t II, line 14		•	15	%
16	a 33 1/3% support test - 2012. If the	-			e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						. ▶∟
ı	33 1/3% support test - 2011. If the	organization did ne	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual						. ▶∟
17:	a 10% -facts-and-circumstances tes	-	="				
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·		art IV how the orga	nızatıon
	meets the "facts-and-circumstances"	_					▶□
1	10% -facts-and-circumstances tes		-				
	more, and if the organization meets t						e
	organization meets the "facts-and-cire						▶⊟
18	Private foundation. If the organization	on did not check a	box on line 13, 10	6a, 16b, 17a, or 17			
					Sch	edule A (Form 99	or 990-E Z) 2 012

Schedule A (Form 990 or 990-EZ) 2012 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organizatio	n failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that				:	}	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				ļ	1	
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ	<u> </u>	<u>-</u>	<u> </u>
i	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						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						<u> </u>
<u>Se</u>	ction B. Total Support				·		
Cal	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties		1				1
	and income from similar sources						
١	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 carned on		_				
12	Other income. Do not include gain	1					
	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 fo	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a sect	on 501(c)(3) organi	zation,
	check this box and stop here .					<u> </u>	<u></u> ▶□
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2012	(line 8, column (f) d	fivided by line 13,	column (f))		15	. %
16	Public support percentage from 201	1 Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	•		-, 	
17	Investment income percentage for 2	012 (line 10c, colu	mn (f) divided by I	ine 13, column (f))	•••	17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization		-				
	023 12-04-12						90 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	Feed My Hungry Chi	.1dren	81-0455105
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(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 adv	used funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor		
Ū	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or defici devices, or les any earles purpos	Yes No
Par		rganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (e.g., recreation or		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	1 10301 Valion of a oc	Timed Historia atractara
2	Complete lines 2a through 2d if the organization held a qual	lified conseniation contribution in the form	n of a conseniation easement on the last
2		illied conservation contribution in the for	nor a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a			2b
D	Total acreage restricted by conservation easements		2c 2c
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	raiter o/ 17700, and not on a historic struc	2d
_	listed in the National Register Number of conservation easements modified, transferred, re		
3	year	eleased, extilliguished, or terminated by t	ne organization during the tax
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the pe		– af
J	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		• —
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expen	se statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc	inbes these items	
ь	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	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 tr	reasures, or other similar assets for financial	cial gain, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		. ▶ \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 Feed My H										Page 2
Par	t III Organizations Maintaining Coll	ections of Ar	t, Histor	ical Tre	easures, o	r Othe	er Si	<u>mila</u>	r Asse	ts (continu	ıed)
3	Using the organization's acquisition, accession,	and other record	s, check a	ny of the t	following that	t are a s	ignıfic	ant u	se of its	collection	items
	(check all that apply):										
а	Public exhibition	d			nange progra	ıms					
b	Scholarly research	е	L Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's collection								se in Parl	: XIII	
5	During the year, did the organization solicit or re	ceive donations o	of art, histo	rical treas	sures, or othe	er sımıla	r asse	ets	_	-	
	to be sold to raise funds rather than to be maint							<u> </u>		Yes_	No_
Par	t IV Escrow and Custodial Arrange		te if the or	ganızatio	n answered "	'Yes" to	Form	990,	Part IV, i	ine 9, or	
	reported an amount on Form 990, Part X				•						
1a	Is the organization an agent, trustee, custodian	or other intermed	lary for co	ntribution	s or other as	sets not	ınclu	ded		٦	
	on Form 990, Part X?								<u> </u>	⊻ Yes	L No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing tab	le:			Г				
							-	_		Amount	
	Beginning balance				•	••		1c	-		
	Additions during the year						-	1d			
е	Distributions during the year	•			•	•	-	1e			
f	Ending balance					•		1f		7	
	Did the organization include an amount on Form						-		L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. Ch										Ш
Par							_			Faun	
		a) Current year	(b) Prio	r year	(c) Two year	S DACK	(d) I	nree y	ears back	(e) Four	years back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·									
b	Contributions .										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance									L	
2	Provide the estimated percentage of the curren	t year end balanc	e (line 1g,	column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should								_4!		
За	Are there endowment funds not in the possessi	on of the organiz	ation that a	are neia a	na aoministe	rea tor t	rie oi	yanız	auon	Г	Vaa Na
	by:										Yes No
	(i) unrelated organizations				•	•	•	-	-	3a(i)	
	(ii) related organizations		المعام ٢٠٠٥	- D0		•	•			. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis					٠		•	•	3b	
Par	Describe in Part XIII the intended uses of the or tVI Land, Buildings, and Equipmen					-	-				
<u> </u>	Description of property	(a) Cost or o			or other	(c) A	CCII	nulate	d	(d) Book	value
	Description of property	basis (investr			(other)	٠,,	preci		~	(u) Door	- FEIGE
	Land	223.3 (11170011	-	240.0	(,			•	
	Buildings										
	Leasehold improvements										
	Equipment			Я	6,375.		60	70	01.	1 (5,674.
	Other				,.,.			,,,		<u> </u>	,,0,11
	Add lines 1a through 1a (Column (d) must equ	al Form 990 Part	Y column	(R) line 1	10(c))	1				16	5.674.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. Security or category (including name of security) Financial derivatives	(b) Book value		aluation: Cost or end-	of-year market value
Financial derivatives	(2)	(-)		
				<u> </u>
Closely-held equity interests			_	
Other				
(A)				
(B)				
(C)				
(D)			-	
(E)				
(F)				
(G)				
(H)				
(1)		<u> </u>		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. S		3.		
(a) Description of investment type	(b) Book value	<u> </u>	aluation Cost or end	
(1) Montana Land	108,642.	End-of-Y	<u>ear Market</u>	Value
(2)		<u> </u>		
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)			<u> </u>	
(7)				
(8)			 -	
(9)				······································
(10)	100 (40			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	108,642.			
	Description			(b) Book value
	Description			(b) Book Value
(1) (2)				
(3)		·		
(4)				 _
(5)				·
(6)			·	
(7)		·		
(8)				
(9)	···			
(10)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities. See Form 990, Part X,	line 25.			
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)			1	
(7)			4	
(8)		.	4	
(9)		 	4	
(10)			4	
(11)			4	
otal. (Column (b) must equal Form 990, Part X, col. (B) Iir				
	. A of the feetents to the a	raanization's financis	al statements that ren	orts the organization's
FIN 48 (ASC 740) Footnote. In Part XIII, provide the te liability for uncertain tax positions under FIN 48 (ASC		-		

Sche	edule D (Form 990) 2012 Feed My Hungry Children		0455105 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	5,670,191.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а			
ь			
c			
	Other (Describe in Part XIII)		
	Add lines 2a through 2d	2e	0.
		3	5,670,191.
3	Subtract line 2e from line 1	3	3,0,0,1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		_	
b	,		20 (16
C	Add lines 4a and 4b	4c	28,616.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,698,807.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	er Ketu	
1	Total expenses and losses per audited financial statements	1	5,631,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c			
-	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,631,938.
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,002,000
4	• • • • • • • • • • • • • • • • • • •		
	Investment expenses not included on Form 990, Part VIII, line 7b		•
	Other (Describe in Part XIII)		^
С	Add lines 4a and 4b	4c	5,631,938.
5		5	5,031,938 <u>.</u>
	art XIII Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lin ne 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		2b, Part V, line 4; Part
Pa:	rt XI, Line 4b - Other Adjustments:		
A 1:	lowance for Uncollectible Pledges		28,551.
Re:	fund of Contributions		<u>65.</u>
To	tal to Schedule D, Part XI, Line 4b		28,616.
		Sche	dule D (Form 990) 2012
		COLIC	to on the coop 20 12

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

•					
Feed My Hungry	Children			81-04551	.05
Part I General Infor	rmation on A	ctivities Out	side the United States. Comple		
to Form 990, Par	t IV, line 14b.		·		
			ds to substantiate the amount of its gra		Yes No
the grantees' eligibility to	or the grants or a	issistance, and	the selection criteria used to award the	grants or assistance?	∐ Yes No
2 For grantmakers. Desc United States.	nbe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance o	utside the
3 Activities per Region. (TI			n be duplicated if additional space is i		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
					200 200
North America	0	0		Feeding Programs	298,389.
East Asia and the					
Pacific Company	0	0		Program Support	11,300.
					:
		_			
3 a Sub-total	0	0			309,689.
b Total from continuation sheets to Part I		_	•		
c Totals (add lines 3a and 3b)	0				309,689.
LHA For Paperwork Reduct	<u> </u>		tions for Form 990.	Schedule I	F (Form 990) 2012

232071 12-10-12

81-0455105

Page 2

Feed My Hungry Children

Schedule F (Form 990) 2012 Feed

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 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the						Fair Market
			Program Support	11,300,		0		Value
2 Enter total number of the IRS, or for which t	recipient organization the grantee or couns	ins listed above that are in el has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		1
3 Enter total number of other organizations or entities	other organizations	or entities				A		0

20

Schedule F (Form 990) 2012

81-0455105

Page 3

Feed My Hungry Children

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Feeding Programs	North America	16,577	0		298,389.	198,926 lbs of fresh produce	Falr Market Value
						Sched	Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Part V | Supplemental Information

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

Schedule F, Part I, Line 2: The Organization has reviewed and approved

all foreign projects as being in furtherance of its own exempt purpose

and it retains control and discretion as to the use of the contributions.

Schedule F, Part I, Line 3: Expenditures are valued at Fair Market Value.

Fair Market Value of Items - All donations are valued based on

management's conservative estimates from web sites or other resources due

to a lack of observable market data. These valuations are considered

Level 3 input valuation.

Schedule F, Part III, Col (c): The number of recipients is an estimated number based on each recipient receiving approximately 50 lbs of fresh produce.

·

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

% Employer identification number 81-0455105 X Yes 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 ► Attach to Form 990. Feed My Hungry Children Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

criteria	criteria used to award the grants of assistance?	tance?	 foring the use of grant i	funds in the United	States.		:		2
art 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	Governments and	d Organizations in the	United States. Co	omplete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addition	onal space is need	ed.				
1 (a) Na	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
alley vi 0615 W P	Valley View Food Bank 10615 W Peorla Ave Sun City, AZ 85351	77-0696933	501(c)(3)	000 8	0	Actual Value		Feeding Programs	
Blessed L 6807 Angl Dallas, T	Blessed Lineage Church 6807 Anglebluff Cir Dallas, тx 75248	59-2186077	501(c)(3)	000'9	0	Actual Value		Feeding Programs	1
Faith Builders C International - Phoenix, Az 8502	Faith Builders Church International - 949 E. Bell Road - Phoenix. AZ 85022	71-0897160	501(c)(3)	14,145,	.0	Actual Value		Feeding Programs	
Cervical Assistanc - Peoria	Cervical Cancer Prevention and Assistance - 20439 N Fletcher Way - Peoria Az 85382	46-2408926	501(c)(3)	29,500.	0	Actual Value		Feeding Programs	
A Childs 606 N Sta Mesa, AZ	Life pley 8520	45-3839580	501(c)(3)	0	1,050,014,EMV	FΜV	700,009 lbs of fresh produce	Feeding Programs	
Diabetes 6635 W Ha	Diabetes Research Assistance Fund 6635 W Happy Vly Rd Ste A-104-407	71-0992728	501(c)(3)	Ö	528 183	∆K.E.	352,122 lbs of fresh produce	Feeding Programs	
2 Fnter	Enter total number of section 501(c)(3) and government organizations	nd government or		listed in the line 1 table				A	4.
3 Enter	Enter total number of other organizations listed in the line 1 table	s listed in the line						•	0
ر ا	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.	:				Schedule I (Form 990) (2012)	2012)

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

Schedule I (Form 990) Feed My Hungry Children Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ungry Chi Assistance to Go	1dren	nizations in the Ur	nited States (Sch	edule I (Form 990), Pa		81-0455105 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands Giving Hope HGH 1741 W Rose Garden Lane Phoenix, AZ 85027	45-3327770	501(c)(3)	0	1,800,032,	FMV	1,200,021 lbs of fresh produce	Feeding Programs
World Changers International Ministries - PO Box 25 - Sapulpa, OK 74067	73-1099319	501(c)(3)	0	1,677,477。	FMV	1,118,298 lbs of fresh produce	Feeding Programs
				:			Schedule I (Form 990)
232241 05-01-12			52				

(f) Description of non-cash assistance 0841 lbs of fresh produce Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Direct Clients are individuals who are given perishable food from food banks. The number of recipients assisted is an estimate based on each ¥ Schedule I, Part I, Line 2: Monitoring 990 and Monthly Reporting (d) Amount of non-cash assistance 1,626 recipient receiving approximately 12 lbs of fresh produce. o, (c) Amount of cash grant 1626 (b) Number of recipients (a) Type of grant or assistance Feeding Programs - Direct Agents

Page 2

81-0455105

Feed My Hungry Children

Schedule I (Form 990) (2012)

Part III

Schedule I (Form 990) (2012)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization Feed My Hungry Children									Employer identification number 81-0455105					
Part I Excess Benefit Tran					anızations only).	8T-	<u>-04</u>	2211	US					
	•		-			art V, Iı	ne 40	b.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Pai									(d)	(d) Corrected?				
(a) Name of disqualified person	person and	organiz	ation	(C	e) Description of tran	isaction			Yes		No			
										_				
	ļ								-					
									-	+	-			
				-					+	\dashv				
2 Enter the amount of tax incurred to	y the organization ma	nagers	or disc	qualified persons dur	ring the year under									
section 4958		_				.)	\$							
3 Enter the amount of tax, if any, on	line 2, above, reimbu	rsed by	the or	ganization .)	> \$							
														
Part II Loans to and/or Fro														
Complete if the organizati				, Part V, line 38a or F	Form 990, Part IV, III	ne 26; c	or if th	e orga	nizatio	on				
reported an amount on Fo	ionship (c) Purpose		oan to or	(e) Original	(5) Polongo duo	(a)	In	(h) App	roved	m W	ritten			
interested person organization	11 of loan	from the organization?		principal amount	(f) Balance due	(g) In (n b) default?		by boa	board or agree		ment?			
organi.			From			Yes No			No	Yes	No			
										ļ	ļ			
		<u> </u>												
-			-			 		-		ļ				
		+	1											
		1												
		1												
Total				\$										
Part III Grants or Assistance	e Benefiting Inte	ereste	ed Pe	rsons.										
Complete if the organization	on answered "Yes" or	1 Form	990, P				-							
(a) Name of interested person	(b) Relationshi	, , , , , , , , , , , , , , , , , , , ,			(d) Type assistar					Purpose of ssistance				
	interested person and the organization													
-			·											
····										_				
	_			ļ										
				_										
	_				-		\dashv		_					
							\dashv		_					
·														
LHA For Paperwork Reduction Act	Votice see the Instri	ıctions	for Fo	rm 990 or 990-FZ	Sch	edule	L (Fo	rm 990	or 9	90-EZ	0 201			

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Employer identification number Name of the organization 81-0455105 Feed My Hungry Children Part I **Types of Property** (d) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded _ 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution · Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 5,355,691. Fair Market Value X 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 25 Other > 26 Other 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) Feed My Hungry Children Part II Supplemental Information. Complete this part to provide the information required by Part I,	81-0455105 lines 30b, 32b, and 33, and	Page 2 whether
the organization is reporting in Part I, column (b), the number of contributions, the number of items re Also complete this part for any additional information.	eceived, or a combination of	both.
Schedule M, Part I, Column (b): Estimates were not used	in determining	
the number of contributors; the actual number of contribu	utors is	
reflected for each type of property received.		
	<u>4</u>	
		
		
		
		
22342 12 20 12	Schedule M (Form 9	00) (05 : 5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Feed My Hungry Children

Employer identification number 81 – 0455105

reed My Hungry Children 61-0455105
Form 990, Part I, Line 1, Description of Organization Mission:
Hungry Children helps stand in the gap to provide the things needy,
hurting people may need to survive and become self-sufficient.
Form 990, Part VI, Section B, line 11: The 990 is reviewed and approved at
the annual board meeting.
Form 990, Part VI, Section B, Line 12c: At the annual board meeting,
compliance is checked.
Form 990, Part VI, Section B, Line 15: The salary for the CEO and other
officers is determined by the Board of Directors based on salary
comparisons for CEOs and other officers of other charities serving in a
comparable capacity. Because of the size of the charity, the CEO and other
officers are volunteers and do not receive a salary, although the
President/CEO does receive a health allowance.
Form 990, Part VI, Section C, Line 18: The Organization makes its Forms
1023 and 990 available for public inspection upon request. The
Organization also makes its Form 990 available on its website.
Form 990, Part VI, Section C, Line 19: The Organization makes it governing
documents, conflict of interest policy and financial statements available
to the public upon request. The Organization also makes its financial
statements available on its website.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

➤ See separate instructions. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

Feed My Hungry Childre	en	_	For	m 990_	<u> Page 10</u>		<u>81-0455105</u>
Part I Election To Expense Certain Proper		79 Note: If yo	u have any lis	ted property	, complete Part	V before yo	ou complete Part I.
Maximum amount (see instructions)						1	500,000.
2 Total cost of section 179 property place	ed in service (see	instructions)				2	
3 Threshold cost of section 179 property						3	2,000,000.
4 Reduction in limitation. Subtract line 3 f			er -0-			4	
5 Dollar limitation for tax year Subtract line 4 from line				instructions.		5	
6 (a) Description of pro			(b) Cost (busin		(c) Elected	d cost	
7 Listed property. Enter the amount from	line 29			7			
8 Total elected cost of section 179 prope		s in column (d), lines 6 and	7.		8	
9 Tentative deduction. Enter the smaller						9	
10 Carryover of disallowed deduction from	line 13 of your 2	011 Form 45	62			10	
11 Business income limitation. Enter the si	-			ro) or line 5		11	
12 Section 179 expense deduction. Add li	nes 9 and 10, but	do not ente	r more than in	ne 11 <u></u>		. 12	
13 Carryover of disallowed deduction to 20	013. Add lines 9 a	and 10, less l	ine 12	13			
Note: Do not use Part II or Part III below for	r listed property. I	nstead, use i	Part V.				
Part II Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	de listed pro	perty.)		
14 Special depreciation allowance for qual	lified property (otl	her than liste	d property) pl	aced in serv	ice during		
the tax year						14	
15 Property subject to section 168(f)(1) ele	ection			••		. 15	
16 Other depreciation (including ACRS)						16	
Part III MACRS Depreciation (Do no	t include listed p	roperty.) (See	e instructions)			
		Se	ection A				
17 MACRS deductions for assets placed i	n service in tax ye	ears beginnir	a before 201	^		17	421.
			ig belole 20 i.	2	· · ·	_ ⊢——	441.
18 If you are electing to group any assets placed in serv	vice during the tax year	into one or more	general asset acc	counts, check her			
18 If you are electing to group any assets placed in sen Section B - Assets	Placed in Service	into one or more ce During 20	general asset acc	counts, check her			
	vice during the tax year	ce During 20 (c) Basis for (business/ii	general asset acc	counts, check her	eneral Depreci	ation Syste	
Section B - Assets	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	Using the G	eneral Depreci	ation Syste	em
Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	Using the G	eneral Depreci	ation Syste	em
Section B - Assets (a) Classification of property 19a 3-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	Using the G	eneral Depreci	ation Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	Using the G	eneral Depreci	ation Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	Using the G	eneral Depreci	ation Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	Placed in Servic (b) Month and year placed	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	Using the G	eneral Depreci	ation Syste	em
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Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Placed in Service (b) Month and year placed in service	ce During 20 (c) Basis for (business/ii	general asset acc 12 Tax Year or depreciation investment use	counts, check her Using the G (d) Recover period	eneral Depreci	stion Syste (f) Method S/L S/L S/L S/L	em
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Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	Placed in Service (b) Month and year placed in service (b) Month and year placed in service	into one or more ce During 20 (c) Basis fo (ousiness/ii only - see	general asset acc 12 Tax Year or depreciation nvestment use instructions)	counts, check her Using the G (d) Recover period 25 yrs. 27.5 yrs 27.5 yrs 39 yrs	eneral Deprecia	stion Syste (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
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Form 4562 (2012) Feed My Hungry Children 81-0455105 Pa

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

	Note: For any through (c) of S	Section A, all	of Section B,	and Sec	tion C if ap	plical	ble.					<u>. </u>		b, colun	nns (a)
			on and Other			$\overline{}$		_							
<u>24a</u>	Do you have evidence to s	support the bu		nt use cla	aimed?	<u>X Y</u>	es L	No	24b If "Y	es," is th	<u>e evider</u>	nce writt	en? LX		No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ Investment use percentag	t CUSLOI			(e) Basis for depreciation business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreciation allo	owance for q	ualified listed	property	placed in	servic	ce dunng	the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use						<u>.</u>		25			<u></u> .	
26	Property used more tha	n 50% in a q	ualified busine	ess use:											
20	003 Chrysler	032303	9	6 3	3,535					S/L	MO		0.		
Ca	dillac SPX	061710	9	6 4	6,642				5.0	S/L	MO	9,	528.		
			9	6											
27	Property used 50% or le	ess ın a qualı	fied business	use:											
			9	6						S/L -					
			9	6						S/L·					
			9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	e and on lu	ne 21,	, page 1				28	9,	528.		
	Add amounts in column		-					•	_				29		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. (//			3 - Inform	ation	on Use	of Vel	hicles						
lf y	mplete this section for ve ou provided vehicles to y se vehicles.			er the qu	estions in	Secti	on C to		you meet a	an excep	otion to c	completi		,	
				(a)		(b)		(c)	1	d)	(e)		(f) Vehicle		
30	Total business/investment		uring the	Ver	ncle	ver	hicle	<u>\</u>	/ehicle	ver	ucle	ven	ııcle	ven	icie
	year (do not include com														
	Total commuting miles	_	=							 					
32	Total other personal (no driven	oncommuting	i) miles 												
33	Total miles driven during	g the year.													
	Add lines 30 through 32	2													
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimanly by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal					Ì							
	use?											<u></u>			
	swer these questions to		- Questions t you meet an e		_								re not m	ore than	5%
_	ners or related persons Do you maintain a writte	on notion etc	tomont that no	obibito c	ll parcona	Luco	of voluel	oc inc	skiding coi	mmuting	by you	r		Yes	No
31	•	en policy sta	тенент татрі	OI IIDILS a	an persona	use	OI VEITICI	55, IIIC	Juding Col	minumg	, by you	•		165	110
20	employees? Do you maintain a writte	on nollov stat	 tomont that a	ohibito :	nareonal u	se of :	vehicles	0400	ot commit	ting by:	/OUT	•	•		†
30	•		-	•							, oui				
20	employees? See the ins Do you treat all use of v					,, C		, 01 17	5 51 11101 6	J. 11 1013	•				
	Do you provide more th	-				orma	tion from	·	employee	e about			•	-	
40			=	-		Oma	LIOII IIOII	i youi	employee	3 about				ļ	
44	the use of the vehicles,					onotre	ntion line						•		+
41	Do you meet the require		-									•	• •		
Б	Note: If your answer to	37, 30, 39, 4	O, OF 4 F IS TE	s, ao n	ot complet	e 3ec	LIOH B IC	n une	covereu ve	enicies.					
	art VI Amortization		<u> </u>	(b)	T	(c)		-	(d)	Т	(e)			(f)	<u> </u>
(a) Description of costs Date			Date	amorbzation begins	A	mortizal amoun	ble it		Code section		Amortiza period or per	tton	A. fo	nortization or this year	
<u>42</u>	Amortization of costs th	nat begins du	uring your 201	2 tax ye	ar:					1					
_				<u> </u>	ļ						_				
				. :											
43	Amortization of costs th	nat began be	fore your 2012	2 tax yea	ar							43			
<u>44</u>	Total. Add amounts in	column (f). S	ee the instruct	ions for	where to r	eport		<u>. </u>	<u> </u>		_ ·	44			