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### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Open to Public Information about Form 990 and its instructions is at www.lrs Internal Revenue Service Inspection ons is at <sub>www.lrs.gov/form</sub>990 and ending SEP 30, A For the 2014 calendar year, or tax year beginning OCT 1, 2014 Check If applicable C Name of organization D Employer identification number Addres Feeding America's Hungry Children Name change 41-2061798 Doing business as ]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1741 W Rose Garden Lane (602)684-1360 termin-ated City or town, state or province, country, and ZIP or foreign postal code 624,675. G Gross receipts \$ Amended 85027 Phoenix, AZ H(a) Is this a group return Applica-F Name and address of principal officer: Gregory Taylor for subordinates? Yes X No pending same as C above H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) \_\_\_ 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ▶ www.feedingahc.org H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other -L Year of formation: 2002 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities The Organization provides Governance assistance to needy people in a holistic way by various means Check this box lift the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) OND G BEST Activities & G Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 4,249,103. 624,675. Contributions and grants (Part VIII, line 1h) О. Ō. Program service revenue (Part VIII, line 20) 0. <u>o.</u> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,249,103. 624,675. Grants and similar amounts paid (Part 1X, column (A), lines 1,3), 4,268,061. 586,013. 0. Benefits paid to or for members (Part X, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 100. 100. 16a Professional fundraising fees (Part-IX, column.(A), line 11e) 0. <u>o.</u> 5,075. b Total fundraising expenses (Part IX, column (D), line 25) 28,836. 44,208. 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) 4,296,997. 630,321. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -47,894 -5,646. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 112,120. 88,138. 20 Total assets (Part X, line 16) 2,333. 150. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 111,970. 85,805. 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 present (other than officer) is based on all information of which preparer has any knowledge Sian Gregory Taylor, President Here Type or print name and title reparer's Modature Print/Type preparer's name 12/28/15| "self-employed Paid Cynthia Williams, P01222818 CPA PC Preparer Firm's name James E. Raftery, 86-0503405 Firm's EIN Firm's address 606 N. Stapley Use Only Phone no. 480 - 835 - 1040 Mesa, AZ 85203

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form **990** (2014)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2014) Feeding America's Hungry Children	41-2061798	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	The Organization provides assistance to needy people in	a holistic	way
	by various means such as feeding, education, medical he	lp, spiritua	1
	direction, public education, acquiring and distributing		
	supplies and other goods. The Organization also provide		
2	Did the organization undertake any significant program services during the year which were not listed on	<del>55 4 114525114</del>	· <b>-</b>
2	the prior Form 990 or 990-EZ?	Yvaa	□□No
		LAAL 162	
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	LAAJ 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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.	<del> </del>	
4a	(Code ) (Expenses \$ 608,718 · including grants of \$ 586,013 · ) (Reven		)
	Rescuing and distributing medicines and food to hungry		
	individuals, as well as supporting feeding programs for	both	
	individuals and animals through other organizations.		
			•
4b	(Code ) (Expenses \$ including grants of \$ ) (Reven	ue \$	١
70	(Code) (Expenses \$) (Nevent	ue \$	′
			-
4c	(Code ) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 608,718.		
43200		Form	<b>990</b> (2014)
11-07	-14 -14		

Feeding America's Hungry Children Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I . . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 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 X or more? If "Yes," complete Schedule F, Parts I and IV . . . 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 X

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20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Pai	t IV. Checklist of Required Schedules (continued)		V-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government 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 or other assistance to or for domestic individuals on	<u></u> -		
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2.70	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 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	040		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
<b>2</b> 5a		05-		<b>.</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 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			
	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-chantable 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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

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Note. All Form 990 filers are required to complete Schedule O

Form	990 (2014) Feeding America's Hungry Children 41-2061	700	Б	<b>5</b>
	t V Statements Regarding Other IRS Filings and Tax Compliance	130	P	age <b>5</b>
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-02		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		'	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Į	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
	to file Form 8282?	7c	L	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand

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14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 or note to any line in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	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 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		_X_
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		<u> </u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AZ, FL, NJ, WA, MA, NY, CA, CT, NC	,IL		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ivailab	le	
	for public inspection. Indicate how you made these available. Check all that apply  When the control of the con			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization - (602)684-1360	_		
	1741 W Rose Garden Lane, No. 9, Phoenix, AZ 85027			
43200	8 11-07-14	Form	990	(2014)

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

Check if Schedule O contains a response or note to any line 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

Check this box if neither the organization	nor any related	orga	anıza	ation	COL	mper	nsat		director, or trustee		
(A)	(B)			_ ((	C)	_		(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week	_	<u> </u>			1		from the	from related	other	
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization	
	organizations	Individual trustee or director	Institutional trustee		) se	ad mic		,		and related	
	below	ld ual	tution	<b>5</b>	emple	est co	je j			organizations	
	line)	횰	Inst	Officer	Ke	Highest compensated employee	Former				
(1) Gregory Taylor	5.00										
President		X		X				100.	0.	0.	
(2) Jim Barfnecht	1.00			ļ							
Vice President		X	<u> </u>	X	ļ.,	ļ <u>.</u>		0.	0.	0.	
(3) Romel Clariza	1.00										
Secretary		X	ļ	X				0.	0.	0.	
(4) Greg Kegel	1.00									_	
Board member		X	<u> </u>					0.	0.	0.	
(5) Reed Gibson	1.00							_		_	
Board member		X						0.	0.	0.	
		1		1							
					<u> </u>	1					
		ļ									
		<u> </u>	<u> </u>	ļ	ļ	<del> </del>	<u> </u>	-			
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1b Sub-total

3

d Total (add lines 1b and 1c)

Section B. Independent Contractors

ndividual trustee or

nstitutional trustee

)#Icer

hours per

week

(list any

hours for

related

organizations

below

line)

\$100,000 of compensation from the organization 432008 11-07-14

c Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

Name and business address

compensation from the organization

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NONE

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

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624,675

432009 11-07-14 d All other revenue
e Total. Add lines 11a 11d

Total revenue See instructions.

Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	86,500.	86,500.		
2	Grants and other assistance to domestic	• • • • • • • • • • • • • • • • • • • •			
	individuals. See Part IV, line 22	243,013.	243,013.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	256,500.	256,500.		
4	Benefits paid to or for members		• • • •		
5	Compensation of current officers, directors,				
•	trustees, and key employees	100.	80.	20.	
6	Compensation not included above, to disqualified				·
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7				-	· <u>-</u> .
7	Other salaries and wages Pension plan accruals and contributions (include				
8	·				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				Y
11	Fees for services (non-employees)				
а	Management				
b	Legal	10 100		10 100	
С	Accounting	10,109.		10,109.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		<u></u>		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	13,494.	10,969.	1,325.	1,200
12	Advertising and promotion	750.			750
13	Office expenses	9,471.	2,930.	3,416.	3,125
14	Information technology	558.	446.	112.	
15	Royalties				
16	Occupancy	5,040.	5,040.		
17	Travel	3,999.	2,610.	1,389.	
18	Payments of travel or entertainment expenses	•	•	•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	787.	630.	157.	
23	Insurance	707•	030.	157.	
23	Other expenses. Itemize expenses not covered				
24	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.)				<u>.</u>
а					
b					
С					
d					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	630,321.	608,718.	16,528.	5,075
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Infollowing SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X		<del></del>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	45,984.	1	25,475
2	Savings and temporary cash investments		2	·
3	Pledges and grants receivable, net	64,245.	3	61,558
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	,		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined ui	nder		····
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	• •	8	
9	Prepaid expenses and deferred charges	• •	9	
		•	9	· · · · · · · · · · · · · · · · · · ·
10a		33.		
		1,891.	40-	1,105
b		1,091.		1,105
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	• • •	13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	112 120	15	00 120
16	Total assets. Add lines 1 through 15 (must equal line 34)	112,120.		88,138
17	Accounts payable and accrued expenses	150.	1	2,333
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustee			
	key employees, highest compensated employees, and disqualified person	ıs.		
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		1 1	
	parties, and other liabilities not included on lines 17-24) Complete Part X of	of		
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	150	26	2,333
	Organizations that follow SFAS 117 (ASC 958), check here	and		
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	111,970	27	<u>85,805</u>
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	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	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	111,970	33	85,805
34	Total liabilities and net assets/fund balances	112,120		88,138

Form **990** (2014)

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

432012

Form 990 (2014)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

. Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employer identification number

Name	e of t	the organization						Employer	identification number		
		Fe <u>ed:</u>	ing America	a's Hungry C	hildr	en			<u>1-2061798                                    </u>		
Par	tΙ	Reason for Public C	Charity Status (A	II organizations must co	mplete thi	is part ) Se	e instruction	s			
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 11, c	heck only	one box )					
1 [		A church, convention of chu	urches, or association	n of churches described	l ın sectio	n 170(b)(1	)(A)(i).				
2 [		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E.)							
з [		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		lege or university owned	d or operat	ted by a go	overnmental	unit describ	ed in		
Г		section 170(b)(1)(A)(iv). (C			_						
6 l	닠	A federal, state, or local gov	•								
<b>7</b> l	X	An organization that normal		ntial part of its support f	rom a gov	ernmental	unit or from	the general	public described in		
1		section 170(b)(1)(A)(vi). (Co									
<b>8</b>	믁	A community trust describe									
9		An organization that normal	•								
		activities related to its exem									
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975		
		See section 509(a)(2). (Cor	•	1 1 1 1 1 1 1 6 1 1 1 1 1 1 1 1							
10		An organization organized a	•	•	-						
11		An organization organized a									
		more publicly supported org	=						neck the box in		
		lines 11a through 11d that									
а		☐ Type I. A supporting orga									
		the supported organization			a majority (	or the direc	CIOIS OF ITUSE	ees or trie s	apporting		
		organization You must c  Type II. A supporting organization	•		tion with it	to oupport	od organizati	on(a) by ba	vina		
b											
		control or management o			ame perso	JIIS WALLE	milor or man	age ine sup	ported		
_		organization(s) You mus  Type III functionally inte	•		in connec	tion with	and function	ally intograte	ad wath		
С	<u> </u>	its supported organization	=					any integrate	ou with,		
d	_	Type III non-functionally		· -	-	•	-	orted organi	zation(s)		
u		that is not functionally int						=			
		requirement (see instruct	-		-		-				
е		Check this box if the orga	•		-			e II. Type III			
Ū		functionally integrated, or						., ., .			
f	Ent	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,	0 0						
a.		vide the following information	-	ed organization(s)		•	• •				
		(i) Name of supported	(iı) EIN	(iii) Type of organization		rganization	(v) Amount o	of monetary	(vi) Amount of		
		organization		(described on lines 1-9 above or IRC section	governing	in your document?	suppoi	•	other support (see		
				(see instructions))	Yes	No	Instruc	tions)	Instructions)		
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Tota	1						1				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 Feeding America's Hungry Children 41-2061798 Page

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2010 (e) 2014 (c) 2012 (d) 2013 (f) Total Calendar year (or fiscal year beginning in) (b) 2011 1 Gifts, grants, contributions, and membership fees received (Do not 3747917. 4912037. 3660868. 4223960. 624,675.17169457. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4912037. 3660868. 4223960. 624,675.17169457. 3747917. Total, Add lines 1 through 3 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) 17169457. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012(d) 2013(e) 2014 (f) Total 3747917. 4912037. 3660868. 4223960. 624,675.17169457. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 17169457. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 100.00 15 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and			ļ			
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						ļ
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>b</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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		<b>,</b> , , , , , , , , , , , , , , , , , ,				
10a Gross income from interest,						
dividends, payments received on						İ
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				1		1
12 Other income Do not include gain		<del> </del>				
or loss from the sale of capital						
assets (Explain in Part VI.)  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, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi	zation.
check this box and stop here	and organization	55t, 5500ria, trii	ia, routin, or mur	, 45 4 5501	on our toyor organi	<b>•</b>
Section C. Computation of Publ	ic Support Pe	ercentage			<u> </u>	
15 Public support percentage for 2014 (I			column (f))		15	%
16 Public support percentage from 2013				• •	16	%
Section D. Computation of Inves			<u> </u>	··-· ··· *		
17 Investment income percentage for 20			•		17	%
18 Investment income percentage from 2			,	• • •	18	%
19a 33 1/3% support tests - 2014. If the			on line 14. and lin	ne 15 is more than		
more than 33 1/3%, check this box a	=					▶□
b 33 1/3% support tests - 2013. If the	•	•	• •			and
line 18 is not more than 33 1/3%, che	•					. —
20 Private foundation. If the organization		-				

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#### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
ŀ		
2		
За		
- 58		
3b	<del> </del>	
3c		
4a		
	1	
1		
4b_	<del> </del>	
4c		
40		
5a		
- Fh		
5b 5c		
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1.5		
10a		<del> </del>
10b		<u> </u>
n 990 or 9	90-EZ)	2014

	<u>dule A (Form:990 or 990:EZ) 2014 Feeding America's Hungr</u>	y Chi	ldren 4	<u> 11-2061798 Page 6</u>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		ł
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	· · · · · · · · · · · · · · · · · · ·	
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	······································	
4	Enter greater of line 2 or line 3	4	<del></del>	
5	Income tax imposed in prior year	5	***	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	illy integra	ted Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Feeding America's Hungry Children 41-2061798 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3) and 4c. Breakdown of line 7: d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990 EZ) 2014 Feeding America's Hungry Children	41-2061798 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	
		· · · · · ·
		***
		····
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	· · · · · · · · · · · · · · · · · · ·	
		•

## SCHEDULE D

(Form 990)

OMB No 1545-0047 Open to Public

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization

	Feeding America's Hungry		41-2061798				
Par	t I Organizations Maintaining Donor Advised Funds	or Other Similar Funds	s 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 value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's exclusive l	egal control?	. Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor or donor ad	visor, or for any other purpose	conferring				
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the organization a	answered "Yes" to Form 990, F	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 education)	Preservation of a hist	torically important land area				
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form	of a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements .		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c				
d	Number of conservation easements included in (c) acquired after 8/17/6	06, and not on a historic struct	ture				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by th	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation easement is I	located >					
5	Does the organization have a written policy regarding the periodic monitoring	toring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?	-	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements o	during the year 🕨				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during	g the year <b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense	e statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization's finan	icial statements that describes	the organization's accounting for				
_	conservation easements	·····					
Pa	rt III Organizations Maintaining Collections of Art, Hi	•	Other Similar Assets.				
	Complete if the organization answered "Yes" to Form 990, Part	<del></del>					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	•	•				
	historical treasures, or other similar assets held for public exhibition, ed		ance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describes these						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	·					
	treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of pu	ublic service, provide the following amounts				
	relating to these items						
			<b>\$</b>				
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical treasures, or		al gain, provide				
	the following amounts required to be reported under SFAS 116 (ASC 9	58) relating to these items:	<b>.</b> .				
a	Revenue included in Form 990, Part VIII, line 1		. 🟲 🕏				
b	Assets included in Form 990, Part X		<b>&gt;</b> \$				

		<u>America's</u>								Page <b>2</b>
Par	t III · Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	er Simil	<u>ar Asse</u>	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	cany of the	following tha	t are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progra	ıms				
b	Scholarly research	€	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered '	'Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21	<del></del>							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	included	_	_	
	on Form 990, Part X?							. L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		<del></del>	
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						. L.	_ Yes	∐ No	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
Par	t v Endowment Funds. Complete		ī		1	T			· -	
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years						years back			
1a										
b								<del></del>		
С	c Net investment earnings, gains, and losses							<del></del>		
	Grants or scholarships									<del></del>
е	Other expenditures for facilities								1	
_	and programs									<del></del>
f	Administrative expenses									
g	End of year balance		L				<del>.</del>		<u> </u>	
2	Provide the estimated percentage of the cur	*		g, column (a	a)) neid as					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c short							4		
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ino aoministe	rea for t	ne organi	zation	Г	N.
	by.									Yes No
	(i) unrelated organizations		-	-			-	•	3a(i)	<del></del>
L	(ii) related organizations	a hatad as required	on Coboo						3a(ii)	<del></del>
4	If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the								3b	
<u> </u>	t VI Land, Buildings, and Equipm		OWITHETH	iurius						
	Complete if the organization answere		) Part IV	/ line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			t or other		ccumulate	ad	(d) Book	value
	Description of property	basis (invest		, , ,	(other)	٠,	preciation		(u) Door	value
19	Land				/					
	Buildings									
	Leasehold improvements									
	Equipment				3,933.		2,8	28.	1	L,105.
	Other						, _			
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pari	t X, colur	nn (B), line	10c)			ightharpoonup		1,105.

Schedule D (Form 990) 2014

Feeding America's Hungry Children

41-2061798 Page 3

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Schedule D (Form 990) 2014

	dule D (Form 990) 2014	<u>nildre</u>	<u>n</u>	<u>41-2</u>	061798 Page <b>4</b>
Pai	t XI · Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	604,156.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	604,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	20,519.		
С	Add lines 4a and 4b			4c	20,519.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	•	5	624,675.
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements	<del></del>		1	630,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	• •	-	030,321.
z a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
-	Other losses				
C	Other (Describe in Part XIII )	2c	<u> </u>		
d	, .	2d			0
e	Add lines 2a through 2d	•		2e	630,321.
3	Subtract line 2e from line 1			3	030,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			•
_	Add lines 4a and 4b			4c	620 201
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  1 XIII Supplemental Information.	:		5	630,321.
nes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inform	nation.		
					20 510

# (Form 990)

### Statement of Activities Outside the United States

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization					Employer ident	ification number
Feeding America	's Hungr	v Childr	en		41-20617	9.8
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered	"Yes" on
Form 990, Part IV	/, line 14b.					
	-		ds to substantiate the amount of its gr		· ,—-	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance? LX	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance of	itside the
United States.		o gamzanon o	procedures for mornioring the doc of h	o granto ana o		noide the
3 Activities per Region. (T	he following Part		an be duplicated if additional space is	needed.)		
(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)	is a pro-	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
W						
East Asia and the Pacific		0	Program services	Program sur	port	6,500.
2001110			Togram Box V1005	riogram bar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,300,
Central America and				L		
the Caribbean	0	0	Program services	Feeding pro	grams	250,000.
						Ì
						<u> </u>
3 a Sub-total	0	0				256,500.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)						256 500
LHA For Paperwork Reduct	tion Act Notice.	·	tions for Form 990.	1	Schedule F	(Form 990) 2014

41-2061798

Page 2 .

Feeding America's Hungry Children

Schedule F (Form 990) 2014

| Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

(i) Method of valuation (book, FMV appraisal, other)		Fair market Value				
(h) Description of non-cash assistance		250,000,Medical supplies				
(g) Amount of non-cash assistance	0	250,000.				kempt by
(f) Manner of cash disbursement						recognized as tax-e
(e) Amount of cash grant	6 500	0				foreign country
(d) Purpose of grant	Program support	Wedical relief				Enter total number of recimient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	East Asia and the	America Caribbean				s listed above that are r
(b) IRS code section and EIN (if applicable)						recipient organization
1 (a) Name of organization						2 Enter total number of r

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

Enter total number of other organizations or entitles က

Schedule F (Form 990) 2014

Page 3 ~

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Feeding America's Hungry Children 41-2061798

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

od of ion :MV, other)			:					
(h) Method of valuation (book, FMV, appraisal, other)								
on of stance								
(g) Description of non-cash assistance								
					 -			
(f) Amount of non-cash assistance								
nner of ursement								
(e) Manner of cash disbursement								
(d) Amount of cash grant								
cas								
(c) Number of recipients								
pe of grant or assistance (b) Region								
tance								
t or assis								
(a) Type of grant or assistance								
(a) Type								:
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Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014

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

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

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5	Attach to Form 990.
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OMB No 1545-0047	2014	Open to Public

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization ロっこう コード・コード		מייטמוום	ייים אלין יולט				Employer identification number 41 – 2061798
Part   General Information on Grants and Assistance	Ţ	1 - Sirnir					
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	izations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	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 car	be duplicated if addit	ional space is need	ed.			
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The 3000 Club 1741 w Bose Garden Tane Suite 9							
	27-3295358	501(c)(3)	44,000,	0			Program support
Am							
tose			:	•			
Phoenix, AZ 85027	45-3327957	501(c)(3)	40,442,	0			Program support
2 Enter total number of section 501(c)(3) and government organizations	ind government or		isted in the line 1 table				7
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•0
LHA For Paperwork Reduction Act Notice, see the Instructions for For	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2014)

(f) Description of non-cash assistance 146,394 lbs of fresh produce (book, FMV, appraisal, other) 243,013, Fair market value Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. non-perishable food from food banks. The number of recipients assisted Direct Clients/Agents are individuals who are given perishable and (d) Amount of non-cash assistance is an estimate based on each individual taking 12 lbs of food. o (c) Amount of cash grant (b) Number of recipients 12200 Monitoring 990 and Monthly reporting. Form 990, Sch I, Part III (a) Type of grant or assistance Part I, Line 2: Feeding programs

Schedule I (Form 990) (2014)

35

432102 10-15-14

Page 2

41-2061798

Feeding America's Hungry Children

Schedule I (Form 990) (2014)

Part III

# SCHEDULE M (Form 990)

Internal Revenue Service

Department of the Treasury

## **Noncash Contributions**

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

**2014** 

Open To Public Inspection

Name of the organization

Feeding America's Hungry Children

Employer identification number 41-2061798

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications .							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded .							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous						<u>.</u>	
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		115.00	2.12.21.2				
19	Food inventory	X	146,394		<u>Fair market</u>			
20	Drugs and medical supplies	X	1	250,000.	<u>Fair market</u>	va.	lue	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()					<del> </del>		
28	Other (	L	<u> </u>					
29	Number of Forms 8283 received by the organic							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			·	
	Daniel Herman and different control of the control			anded a Ded Louis didensi			Yes	No_
30a	During the year, did the organization receive b	-			•			l
	must hold for at least three years from the dat		ai contribution, and	a which is not required to be	used for	20-		v
	exempt purposes for the entire holding period	ſ				30a		<u> X</u>
_	If "Yes," describe the arrangement in Part II  Does the organization have a gift acceptance	noticy that r	requires the review	of any non-etandard contrib	utions?	,,		X
31		•	•	•	• •	31		
s∠a	Does the organization hire or use third parties contributions?	or related 0	nganizations to Sol	ion, process, or sell noncash		222		х
<b>L</b>	If "Yes," describe in Part II.					32a		<u>~~</u>
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is of	pecked			
•	describe in Part II	column (c)	io. a type of prope	, ioi minori columni (a) is ci	ioonou,			
	For Panerwork Reduction Act Notice see	the Instru	ctions for Form 90		Schedule M	/Eorm	990) (	2014)

Schedule M (Form 990) (2014) Feeding America's Hungry Children	41-2061798 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information	and 33, and whether the organization a combination of both. Also complete
Schedule M, Part I, Column (b):	
Estimates were not used in determining the number of o	contributions; the
actual number of contributions is reflected for medica	al supplies while
the number of pounds received is reflected for food in	ventory.
	A - A - A - A - A - A - A - A - A - A -
	Caba dala 84/F 200\ (00.01)
432142 08-12-14	Schedule M (Form 990) (2014)

#### 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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs gov/form990.

2014

Open to Public Inspection

Name of the organization

Feeding America's Hungry Children

Employer identification number 41-2061798

Form 990, Part I, Line 1, Description of Organization Mission:

as feeding, education, medical help, spiritual direction, public

education, acquiring and distributing food, medical supplies and other

goods. The Organization also provides a national network for

independent non-profit food providers that will ensure the feeding of

hungry people. Additionally, the Organization strives to reduce the

environmental impact of sending non-marketable food and medical

supplies to landfills by setting up a distribution network of agents

and agencies for needy, abandoned and hungry animals and providing

financial support for this network.

Form 990, Part III, Line 1, Description of Organization Mission:

network for independent non-profit food providers that will ensure the

feeding of hungry people. Additionally, the Organization strives to

reduce the environmental impact of sending non-marketable food and

medical supplies to landfills by setting up a distribution network of

agents and agencies for needy, abandoned and hungry animals and

providing financial support for this network.

Form 990, Part III, Line 2, New Program Services:

The organization began providing emergency medical assistance in addition to its feeding programs, and expanded its support of feeding programs to include abandoned and hungry animals as this will allow the organization to further reduce the environmental impact of sending non-marketable food to landfills.

Name of the organization **Employer identification number** Feeding America's Hungry Children 41-2061798 Form 990, Part VI, Section B, line 11: The 990 is reviewed and approved at the next upcoming board meeting. Form 990, Part VI, Section B, Line 12c: Compliance is checked annually at a board meeting. Form 990, Part VI, Section B, Line 15: The officers' salaries are determined through a compensation study of similar organizations. Because of the size of the charity, most officers are volunteers; the President receives a token salary. Form 990, Part VI, Section C, Line 18: The Organization makes its Forms 1023 and 990 available to the public upon request. The Organization also makes its Form 990 available on its website. Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Organization also makes its financial statements available on its website. Form 990, Part XI, line 9, Changes in Net Assets: -20,519.Allowance for uncollectible pledges Form 990, Part XII, Line 2c The Organization made no changes to its audit oversight or selection process during the fiscal year covered by the return.