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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Αŀ	or the	2014 calendar year, or tax year beginning OCT 1, 2014 and	enging 5	EP 30, 2015	
B c	heck if pplicable	C Name of organization		D Employer identific	eation number
	Addres change	Feeding Hungry Children, Inc.			
	Name change	B	·	86-10	004355
	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 West Rose Garden Lane	9	(602	684-1360
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,179,116.
	Amend return	PHOERIX, AZ 85027		H(a) Is this a group re	
	Applica tion pendin			for subordinates	
	·	same as C above		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
J۷	Vebsit	www.feedinghungrychildrennow.org	1	H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2000 M	State of legal domicile: AZ
Pa		Summary		and angour	
မွ		Briefly describe the organization's mission or most significant activities. To p			
Activities & Governance		distribution of food to needy persons, t			
/eri	l	Check this box I if the organization discontinued its operations or dispo	sea of more	1 _ 1	5 <u>5</u>
Ĝ	l	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	••	. 3	5
•ජ ග	l	Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
iţi	l	Fotal number of volunteers (estimate if necessary)		6	0
ξį	l	Fotol uprolated business revenue from Part VIII. column (C). line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		tot amoutod oddinos tatabo mostio ment. om eee tij me e .		Prior Year	Current Year
an.	8 (Contributions and grants (Part VIII, line 1h)		1,704,885.	1,179,116.
Ž	l	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ	1	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)		1,704,885.	1,179,116.
	13 (Grants and sımılar amounts paid (Part IX, column (A), lines 1-3)		1,674,458.	1,128,364.
io,	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<u>_8</u>	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		100.	5,483.
MARExpénses15	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă.	l .	Fotal fundraising expenses (Part IX, column (D), line 25)	41.	40 040	24 252
≃	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	42,243.	31,368.
\preceq	l .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25		1,716,801.	1,165,215.
	19_1	Revenue less expenses. Subtract line 18 from line 12		-11,916.	13,901.
let Assets.or und Balances	l	Fotal assets (Part X, line 16)	Ве	ginning of Current Year	End of Year 66,666.
SSE	20			65,866. 100.	313.
	21	Net assets or fund balances Subtract line 21 from line 20	 	65,766.	66,353.
P	22 ert	Signature Block	!	03,700.	00,333.
_		ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is
		t, and com p lete. Declaration of preparer (other than officer) is based on all information of w			,
			FE	2/	20/16
Sig	n	Signature of officer	4.4.	Date	
Her		Lucrecia Taylor, President			
		Type or print name and title		/	
		Print/Type preparer's name Preparer's fignature	\sim	Defte Check	PTIN
Paid	ı	Cynthia Williams, EA MULLU #//		2/10/15 self-employe	
Prep	arer	Firm's name James E. Raftery, CPA PC		Firm's EIN	86-0503405
Use	Only	Firm's address 606 N. Stapley Drive			
		Mesa, AZ 85203\ /		Phone no.48	0-835-1040
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
4220	01 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form 990 (2014)

orn	990 (2014)	<u>Feedi</u>	<u>ng Hungry</u>		nc.	86-10	004355	Page
Pa	rt III Statemen	_		-				_
				te to any line in this Part II	. <u>l</u>			\
1	Briefly describe the						_	_
	Promote a	<u>nd encour</u>	<u>age dist</u>	ribution of fo	<u>ood to need</u>	y persons,	throug	<u>h</u>
				ion, to educat				
				help in nutr:				<u>e</u>
	education	al help f	or child	ren, and prov	<u>ide medical</u>	assistance	<u> </u>	
2	Did the organization	n undertake any s	ignificant progra	m services during the year	r which were not listed	on		
	the prior Form 990	or 990-EZ?					. Yes	X
	if "Yes," describe t	hese new service:	s on Schedule O.					
3	Did the organization	n cease conducti	ng, or make signi	ficant changes in how it co	onducts, any program	services?	Yes	X
	If "Yes," describe t	hese changes on	Schedule O.					
4	Describe the organ	ıızatıon's program	service accompl	ishments for each of its th	ree largest program se	ervices, as measured	by expenses	i.
	Section 501(c)(3) a	nd 501(c)(4) orgar	nizations are requ	ired to report the amount	of grants and allocation	ons to others, the tota	al expenses, a	and
_	revenue, if any, for	each program sei	vice reported.					
4a	(Code)	Expenses \$	1,149,360	ncluding grants of \$	1,128,364	_) (Revenue \$		
	The Organ			medical assist			for hu	ngr
	children,	as well	support i	for children's	s education	programs,	throug	hou
	the United	l States	and abroa	ad.				
								_
							-	
								
								_
‡b	(Code)(Expenses \$		including grants of \$) (Revenue \$		
	(0000 / (110/40/19 grants of 4				
								
							•	
					 			
								
łc	(Code)(Evnenses \$		including grants of \$) (Revenue \$		
	, , , , , , , , , , , , , , , , , , ,							
							-	
					 _			
								
								
								
					<u> </u>			
	045		0-5-4-5-01					
	Other program sen	vices (Describe in 1	scneaule O.)					
4d								
4d 4e	(Expenses \$ Total program serv		including grants	of\$ L49,360.) (Revenue \$			

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
c	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	_		3,5
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		22
_	Schedule D, Part III	8		х
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?			ĺ
	If "Yes," complete Schedule D, Part IV	9		Х
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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	Ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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		ĺi	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_11f		<u> </u>
124	Schedule D, Parts XI and XII	40-	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	_X	
_	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,			
	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
4.5	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,"			
00 -	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	The chooking of reduined contouries (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ł	}	
	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	{	l	(
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
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	}	1	
	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	}	l	}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì	ĺ	
	Schedule K. If "No", go to line 25a	24a	 -	X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		}	
_	any tax-exempt bonds?	24c		<u> </u>
	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), 501(c)(4), and 501(c)(29) 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	Ì	[
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054	}	- T
-00	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,"	06	}	x_
07	complete Schedule L, Part II	26	├──	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ļ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27	[x
00	of any of these persons? If "Yes," complete Schedule L, Part III	-	 	_ <u>^</u>
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):	})	ļ
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 -
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.	If "Yes," complete Schedule N, Part I	31	ł	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- <u></u> -	<u> </u>	
-	Schedule N, Part II	32	j	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	ļ	х
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		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-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	L	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	<u> </u>
_		Form	990	(2014)

Га	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X_	
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		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any tay half a party party the appropriation that it was a party to a prohibited tax shelter transaction?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		_^_
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5C	-	
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ou		
	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		$\neg \neg$	
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		х
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		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 1		1
_	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.		ľ	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ĺ	ĺ
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)	1 1		ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	,		
С	Enter the amount of reserves on hand	 		
14a		14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1061
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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 it Schedule O contains a response or note to any line in this Part VI									
Sec	tion A. Governing Body and Management				_	,				
		1	1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		l				
	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.	İ		1	ĺ					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other		ļ					
	officer, director, trustee, or key employee?			2	<u> </u>	X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	1						
	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 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_5_		X				
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_		X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:							
а	The governing body?	-	-	8a	Х					
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 rea	ached	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 R	evenu	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			_				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X					
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	e to cor	flicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1	res," d	escribe							
	ın 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	L				
15	Did the process for determining compensation of the following persons include a review and approv	al by ır	ndependent							
	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).			1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
	taxable entity during the year?			16a	-	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-		1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatıo	n's							
	exempt status with respect to such arrangements?		· · · · · · · · · · · · · · · · · · ·	16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AZ, FL, NJ, WA, M									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	ion 501(c)(3)s only)	avaılal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	_	11.0							
	X Own website Another's website X Upon request Other (explain									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	ot interest policy, ar	d finar	icial					
	statements available to the public during the tax year.	1								
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	na records:							
	The Organization - (602)684-1360	0.25	-							
	1741 West Rose Garden Lane, No. 9, Phoenix, AZ 85	<u> 5027</u>								

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.

hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	•
(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5.00					(_	_
	X	<u> </u>	X				100.	0.	0
1.00	ļ	ļ						_	_
	X	<u> </u>	X				0.	0.	0
1.00							_	_	_
 	X	<u> </u>	X			<u> </u>	0.	0.	. 0
1.00									•
1 00	X	<u> </u>		_		_	<u> </u>	0.	0
1.00	∤							0	0
	related organizations below line)	1.00 X 1.00 X 1.00 X 1.00 X	5.00 X 1.00 X 1.00 X 1.00 X 1.00 X	5.00 X X 1.00 X X 1.00 X X 1.00 X X 1.00 X	5.00 X X X 1.00 X X X X X X X X X X X X X X X X X X	5.00 X X X 1.00 X X X 1.00 X X X 1.00 X X X 1.00 X X X X 1.00 X X X X X X X X X X X X X X X X X X	5.00 X X 1.00 X X 1.00 X X 1.00 X X	5.00 X X 100. 1.00 X X 0. 1.00 X X 0. 1.00 X 0.	5.00 x x x 100. 0. 1.00 x x x 0. 0. 1.00 x x x 0. 0. 1.00 x x 0. 0. 1.00 x 0.

	t VII Section A. Officers, Directors, Tru (A)	(B)	J,	,		C)	3.10	<u> </u>	(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			mate	d
		hours per	òox	c, unle	ss pe	rson	is bot	h an	compensation	compensation		l	ount o	
		week	officer and a director/trus					stee)	from	from related		l	ther	
		(list any hours for	Irrecto				_	ŀ	the organization	organizations (W-2/1099-MIS		comp	ensat m the	
		related	ee or c	stee			nsated		(W-2/1099-MISC)	(***2/1099-14113	0)	l	nızatı	
		organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		,				relate	
		below line)	IMQua	ttuto	Officer	Key employee	plest	mer				orgai	nızatıc	ons
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	Sub-total	<u> </u>		l		1		<u> </u>	100.		0.	-		0.
	Total from continuation sheets to Part	/II. Section A							0.		0.			0.
	Total (add lines 1b and 1c)	,	• •••	••	•	•	•	>	100.		0.			0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	9			
	compensation from the organization	·												0
													Yes	No
3	Did the organization list any former office			e, ke	y en	nplo	yee	, or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for											3		<u>X</u>
4	For any individual listed on line 1a, is the			-						the organization				77
_	and related organizations greater than \$1			•								4		<u> </u>
5	Did any person listed on line 1a receive of							elat	ed organization or indivi	dual for services		اہا		v
Sec	rendered to the organization? If "Yes," co. tion B. Independent Contractors	пріете Ѕспеаці	<u>e J į</u>	or st	ucn	pers	son			·		5		<u> X</u>
1	Complete this table for your five highest of	ompensated in	dene	ende	nt c	ontr	racto	ors t	hat received more than	\$100 000 of com	nens	ation fro	om.	
•	the organization Report compensation fo										,,,,,,,			
	(A)								(B)			(C)		
	Name and busines	s address	N	INC	3				Description of s	ervices	C	ompen	sation	1
								-		ļ				
								\dashv		-				
								+						
								7	<u> </u>					
								_						
2	Total number of independent contractors	(including but n	ot lu	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organ	iization 🕨				(<u>) </u>							
												_	<u>۵۸ /</u> ۵	

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Form **990** (2014)

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		(2014) Feeding Hungry Childre	en, Inc.		86-1004	355 Page 9
Pa	rt V					
		Check if Schedule O contains a response or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1,111,364.	1,179,116.			
<u></u>		h Total, Add lines 1a-1f Business Code	1,119,110.			
Program Service Revenue		a				
		g Total. Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal				
		_				
	7	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events				
		a Gross income from gaming activities. See				
ļ		Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities				
		a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory				
l		Miscellaneous Revenue Business Code			·	-
	11	a			·	
		b				
		C				
		d All other revenue		 		
I		e Total. Add lines 11a-11d				ļ

Total revenue See instructions

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	<u>plete all columns. All oth</u>	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
	indıvıduals. See Part IV, line 22	316,014.	316,014.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16	807,350.	807,350.		
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				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,000.	4,000.	1,000.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .	383.	306.	77.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	<u>.</u>			
С	Accounting	9,655.		9,655.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>			
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)	12,160.	9,985.	975.	1,200.
12	Advertising and promotion	301.			301.
13	Office expenses	2,433.	142.	351.	1,940.
14	Information technology	81.		81.	
15	Royalties				
16	Occupancy _	5,219.	5,219.	- 010	
17	Travel	219.		219.	·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 200	4 054		
19	Conferences, conventions, and meetings	1,300.	1,264.	36.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 O.)				
a					
b					
C					
d					
	All other expenses	1 1 6 5 01 5	1 140 360	10 414	2 4 4 1
25_	Total functional expenses Add lines 1 through 24e	1,165,215.	1,149,360.	12,414.	3,441.
26	Joint costs. Complete this line only if the organization	Ì			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check hereif following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

66,353.

66,666.

32

65,766.

65.866.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Nam	e of the organization						Employer	identification number					
	F	<u>eeding Hungry</u>	<u>Children, I</u>	Inc.			8	6-1004355					
Par	t I Reason for Pu	blic Charity Status	All organizations must o	omplete th	is part) Se	ee instruction	s.						
The c	rganization is not a private	foundation because it is:	(For lines 1 through 11,	check only	one box.)								
1	A church, convention	of churches, or associati	on of churches describe	ed in secti o	on 170(b)(1)(A)(i).							
2	A school described in	section 170(b)(1)(A)(ii).	(Attach Schedule E)										
3 [A hospital or a coope	rative hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	ii).							
4 [A medical research o	rganızatıon operated in co	onjunction with a hospita	al describe	d ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
_	city, and state:							<u>-,,</u>					
5	-	ated for the benefit of a co	ollege or university owner	ed or opera	ted by a g	overnmental ı	unit describ	ed in					
ا ۾		(iv). (Complete Part II)		ti d'	70/51/41/81	<i>(</i> ,)							
6 L		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
, ,	•												
ا م		vi). (Complete Part II.)	V4VAV-i) (Complete Do	11 \									
8 [9 [escribed in section 170(b)			oontelle students		abia fasa s	nd aross rossints from					
9 [_	normally receives: (1) more											
		s exempt functions - subje I business taxable income	•					_					
	See section 509(a)(2		(less section 511 tax) i	TOTA DUSTIL	sses acqu	ined by the of	gariization	alter oune oo, 1975.					
10		nized and operated exclus	sively to test for public s	afety See	section 50	19/21/41							
11		nized and operated exclusion					arry out the	purposes of one or					
		ted organizations describ	-				-						
		that describes the type	• • • •										
а		g organization operated,					_	aivina					
-	••	nization(s) the power to re	*	-									
		nust complete Part IV, S											
ь		ng organization supervise		ction with i	ts support	ed organizatio	on(s), by ha	ving					
	* *	nent of the supporting org											
		u must complete Part IV,		•									
С		ly integrated. A supportir		l in connec	tion with,	and functiona	lly integrate	ed with,					
		nization(s) (see instruction											
d		onally integrated. A supp					rted organi	zation(s)					
	that is not function:	ally integrated. The organi	zation generally must sa	atisfy a dist	ribution re	quirement an	d an attenti	veness					
	requirement (see ın	structions). You must co	mplete Part IV, Section	s A and D	, and Part	V.							
е	Check this box if the	e organization received a	written determination fr	om the IRS	that it is a	Type I, Type	II, Type III						
	functionally integra	ted, or Type III non-function	onally integrated suppor	tıng organı	zatıon.								
f	Enter the number of support	orted organizations											
	Provide the following infor			Kud In the c		(.)		6-3 6					
	(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-9	listed	organization in your	(v) Amount of support	•	(vi) Amount of other support (see					
	organization		above or IRC section		document?	Instruct	`	Instructions)					
			(see instructions))	Yes	No			· · · · · · · · · · · · · · · · · · ·					
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Total				}									

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 Hungry Children, Inc. 86-10043 [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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1334220.	1608401.	1733134.	1704885.	1179116.	7559756.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge	1					
4	Total. Add lines 1 through 3	1334220.	1608401.	1733134.	1704885.	1179116.	7559756.
	The portion of total contributions	1334220.	1000401.	1/33134.	1704003.	11//1100	7333730.
5	-					Į ,	
	by each person (other than a						
	governmental unit or publicly				1	ľ	
	supported organization) included						
	on line 1 that exceeds 2% of the					[
	amount shown on line 11,					,	
	column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>	L	L	7559756.
Sec	ction B. Total Support			, -	· · · · · · · · · · · · · · · · · · ·	r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1334220.	1608401.	1733134.	1704885.	1179116.	7559756.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			,			
	business is regularly carried on						
10	Other income Do not include gain		*	-			
	or loss from the sale of capital	1					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						7559756.
	Gross receipts from related activities,	etc (see instruction	ne)	<u> </u>	<u>'</u>	12	75557500
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	 Ax vear as a section		
	organization, check this box and stor	-	, mot, 6000/14, triii	a, rourn, or mark	er your do a ocono	11 00 1 (0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage	·			
	Public support percentage for 2014 (I		·	column (fl)		14	100.00 %
	Public support percentage from 2013	• • • •	•	0.0.0 (1))			100.00 %
	33 1/3% support test - 2014. If the c			· n line 13, and line :	ا 14 is 33 1/3% or m		
104	stop here. The organization qualifies				14 13 00 17070 01 11	ioro, oricon triis bo	× und
.	33 1/3% support test - 2013, If the c				lina 15 ie 33 1/3%	or more check th	• • • •
U		=			III (10 13 00 1/0/0	of more, check if	II3 DOX
47.	and stop here. The organization qual				12 160 or 16b o	 2001 of 14 on and boar	-
17a	10% -facts-and-circumstances test	=					
	and if the organization meets the "fac					t viriow the organ	iization _ [
-	meets the "facts-and-circumstances"					17a and 1: : 40	100/ 57
b	10% -facts-and-circumstances tes	=					
	more, and if the organization meets the				•		<u>, </u>
	organization meets the "facts-and-circ		-				₽ ⊨
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 1/a, or 17b			
					Sche	dule 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				,		
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services 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-						
	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						
	a Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
ŀ	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)					-	
	ction B. Total Support			<u> </u>		1	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(0) 2010	(5) = 5 : 1	(9) = 5. =	(4)=====	(9/====	
-	Gross income from interest,	· · · · · · · · · · · · · · · · · · ·					· -
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income				 		
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						-
	Net income from unrelated business						17.
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		 	·			
12.	or loss from the sale of capital						
40	assets (Explain in Part VI)					<u> </u>	-
	Total support. (Add lines 9, 10c, 11, and 12)	. 45			.1	= F01(a)(3) argan	
14	First five years. If the Form 990 is fo	r the organization	s tirst, second, thi	ra, tourth, or tilth t	ax year as a section	on 50 I(c)(3) organi	zation,
<u></u>	check this box and stop here	io Support Po	rcontage				
	ction C. Computation of Publ			(6)		las l	
	Public support percentage for 2014 (column (t))	• •	15	<u>%</u> %
	Public support percentage from 2013					16	
	ction D. Computation of Inve					Tarl	0/
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	47
19	a 33 1/3% support tests - 2014. If the						I/ IS NOT
	more than 33 1/3%, check this box a						▶∟
ı	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV 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

- 1 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.
- 2 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?
- 6 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).
- 8 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		
	2		
	3a	- \	
i			
	3b		
	3с		
	4a_		
ļ	4b		
	4c		
	5a_		
	5b_		
	5c_		
	6		
	:		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
n 99	90 or 99	0-EZ)	2014

Schedule A (Form 990 or 990-EZ) 2014

7

instructions)

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013e Excess from 2014

Schedule A	(Form 990 or 990-EZ)2014 Feedin	g Hungry	<u>Children</u>	Inc.	86-1004355 Page
Part VI	Supplemental	Information. Pro	ovide the explan	ations required by F	Part II, line 10; Pa	rt II, line 17a or 17b; and Part III, line 12.
	Also complete this	part for any addition	nal information. (See instructions).		
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				.		

SCHEDULE D

(Form 990)

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

Open to Public Inspection

OMB No_1545-0047

Name	e of the organization Feeding Hungry Chi	ldnon Ind	Em	ployer identification number $86-1004355$
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	
r ai			OI ACCO	urits.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Fur	nds and other accounts
_	-	(a) Donor advised funds	(D) Ful	ids and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in v	_	ed funds	
	are the organization's property, subject to the organization's			Yes No
	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes_ No
Par			art IV, line 7	•
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements	•	2b	
	Number of conservation easements on a certified historic stri		2c	
	Number of conservation easements included in (c) acquired a	,		[
	listed in the National Register		. <u>2d</u>	<u> </u>
	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatio	n during the tax
	year >			
	Number of states where property subject to conservation eas			
	Does the organization have a written policy regarding the per			Yes No
	violations, and enforcement of the conservation easements it		ring the yea	
	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and o			
	Does each conservation easement reported on line 2(d) abov			Φ
	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17 of	, , , , , , , , , , , , , , , , , , ,	Yes No
	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	 statement	•• •
Ū	include, if applicable, the text of the footnote to the organizat			
	conservation easements.			
Par		Art, Historical Treasures, or O	ther Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service,	provide the following amounts
	relating to these items:			
	(i) Revenue 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 trea	asures, or other similar assets for financial	gain, provid	le
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue 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. 432051 10-01-14

Schedule D (Form 990) 2014

432052 10-01-14

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 Feeding Hungry Children, In	iC.		.004355 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue pe	er Return.	ı
	' Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	-	-1 -1	
1	Total revenue, gains, and other support per audited financial statements		1	1,165,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i		
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_	1,165,802.
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 13,31	4.	
С	Add lines 4a and 4b		4c	13,314.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,179,116.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Retur	'n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		11	1,165,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	_	
c	Other losses	2c	[
ď	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	1,165,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	•••••	3	1,100,210.
-	Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1		
a		4a 4b		
b	Other (Describe in Part XIII.)	40	- -	0
	Add lines 4a and 4b		4c	1,165,215.
<u>5</u> Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	_1,103,213.
		V base 4b and 0b Dad V	los a de Daniel	/ L - 0 D - 4 VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II		ime 4; Part /	K, iine 2, Part XI,
nes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai information.		
				· · · · · · · · · · · · · · · · · · ·
_	1 49			
ar	t XI, Line 4b - Other Adjustments:			
71]	owance for uncollectible pledges			<u>13,314.</u>
				
		_		_
				

SCHEDULE F (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.

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

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Feeding Hungry	Children	, Inc.		86-10043	55
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered	"Yes" on
Form 990, Part I					
-			ds to substantiate the amount of its gr		
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? _ LX	Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
3 Activities per Region (The following Part	I, line 3 table ca	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)	(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
Central America and				Waddan 3 3 d a f	705 350
the Caribbean	0	. 0	Program services	Medical relief	795,350.
East Asia and the	0				12,000
Pacific			Program services	Program support	12,000.
			<u></u>		
		· · · · · · · · · · · · · · · · · · ·			
3 a Sub-total	0	0			807,350,
b Total from continuation					007,000
sheets to Part I	0	0			0.
c Totals (add lines 3a		<u>_</u>			
and 3b)	0	0			807.350.

432071 09-24-14 Schedule F (Form 990) 2014

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

Page 2

86-1004355

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. Feeding Hungry Children, Inc.

Schedule F (Form 990) 2014

PartII

(i) Method of valuation (book, FMV, appraisal, other) air market value 795,350, Medical supplies (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant Ö 12,000, (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of rogram support and the Caribbean Medical relief grant East Asia and the Central America (c) Region Pacific (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2014

Enter total number of other organizations or entities

က

86-1004355

Page 3

Feeding Hungry Children, Inc.

Schedule F (Form 990) 2014 Feeding

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.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(g) Description of non-cash assistance						Schedule
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region		}				
(a) Type of grant or assistance						

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

for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

Yes

X No

SCHEDULE (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.

▶ Attach to Form 990.

2017	1107	Open to Public	Inspection

OMB No 1545-0047

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

Name of the organization							Employer identification number
Part General Information on Grants and Assistance	INTIGE V CITE	TOTELLIO				i	CCC#00T-00
1 Does the organization maintain records to substantiate the amount of	to substantiate the		s 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	tion
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 monif	oring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	ic Governments. C	complete if the orga	ınızatıon answered "\	res" 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 addit	tional space is need	ded.	3 - 17 - 17 - 17		
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
			-				
	and government or	tions	listed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•

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

Schedule I (Form 990) (2014)

(f) Description of non-cash assistance 190,370 lbs of fresh produce (e) Method of valuation (book, FMV, appraisal, other) 316,014, 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. non-perishable food from food banks. The number of recipients assisted (d) Amount of non-cash assistance is an estimate based on each individual taking 12 lbs of food. Direct Agents are individuals who are given perishable and o (c) Amount of cash grant (b) Number of recipients 15864 Monitoring 990 and monthly reporting. Part III (a) Type of grant or assistance Feeding Programs - Direct Agents Sch I, Part I, Line 2 Form 990,

Page 2

86-1004355

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.

Feeding Hungry Children, Inc.

Schedule I (Form 990) (2014)

Part III

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Schedule 1 (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Feeding Hungry Children, Inc.

Employer identification number 86-1004355

Pai	rt 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 determinancesh contribution		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	Ĺ					
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock]					
11	Securities - Partnership, LLC, or						
	trust interests		<u> </u>				
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures .						
14	Qualified conservation contribution - Other	<u> </u>					
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	<u> </u>	100 270	216 014	77		
19	Food inventory	X	190,370	316,014.	Fair market v	alue	
20	Drugs and medical supplies	X	1	795,350.	<u>Fair market v</u>	arue	
21	Taxidermy	<u> </u>	ļ	ļ	 		
22	Historical artifacts	<u> </u>					
23	Scientific specimens						
24	Archeological artifacts						
25	Other () Other ()		 		 		
26	<u>.</u>		 				
27	Other () Other ()						
<u>28</u> 29	Number of Forms 8283 received by the organi	zation durin	a the tay year for a	ontributions	L		
29	for which the organization completed Form 82			l l			
	to when the organization completed rounds	00,1 0111,	Dones / totalowes	gomoni <u>23</u>		Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I, lines 1 throu	gh 28, that it	700	
oou	must hold for at least three years from the date	-			•))	
	exempt purposes for the entire holding period			· ·		a	X
h	If "Yes," describe the arrangement in Part II.	• • • • •	••••	··· ··· ··· ··· ··· ·		7	
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	. I I	_X_
	Does the organization hire or use third parties		•	•			
	contributions?		J	,, ,	32	a	X
b	If "Yes," describe in Part II.					1-1	
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	necked,		
	describe in Part II.	(3)	31 E E	, , , , , ,		_	

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

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M, Part I, Column (b):
Estimates were not used in determining the number of contributions; the
actual number of contributions is reflected for drug and medical
supplies while the number of pounds received is reflected for food
inventory.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Feeding Hungry Children, Inc.

Employer identification number 86-1004355

Form 990, Part I, Line 1, Description of Organization Mission:
distribution, to educate charitable classes of persons in aspects of
self help in nutritional matters, and help provide educational help for
children throughout the state of Arizona, the country of the United
States of America, and in foreign locations.
Form 990, Part III, Line 1, Description of Organization Mission:
throughout the state of Arizona, the country of the United States of
America, and in foreign locations.
Form 990, Part VI, Section B, line 11:
The 990 is reviewed and approved at the next board meeting after it is
prepared.
Form 990, Part VI, Section B, Line 12c:
Compliance is checked annually during a board meeting.
Form 990, Part VI, Section B, Line 15:
The officers' salaries are determined by the Board of Directors based on 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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14