Short Form 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 1545-1150

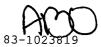
▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| | artment of nal Revent | the Treasury | ► Go to www.irs gov/Form990EZ for instructions and the latest information | Y | Inspection |
|------------|--------------------------|-----------------------|---|-------------------|----------------------------------|
| _ | | | ar year, or tax year beginning 07/01, 2018, and ending | 7 | 06/30 , 20 19 |
| | Check if ap | | C Name of organization | | D Employer Identification number |
| X | Addres | ss change | | ı | |
| | Name | Ť | FEED THE BODY, FEED THE SOUL, INC. | 1 | 83-1023819 |
| | Initial r | return | Number and street (or P O box, if mail is not delivered to street address) Room/suite | | E Telephone number |
| | Final r | eturn/terminated | 1917 FOUR WHEEL DRIVE, PO BOX 2566 | l | (920) 232-2819 |
| Г | Amend | ded return | City or town, state or province, country, and ZIP or foreign postal code | ਸ | F Group Exemption |
| Х | Applica | ation pending | OSHKOSH, WI 54902-2566 | \subseteq | Number - |
| G | Accoun | ting Method | X Cash Accrual Other (specify) ▶ H C | heck I | If the organization is not |
| L | Nebsit | e: ► | re | quire | d to attach Schedule B |
| J | Tax-exemp | pt status (check only | one) - X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527 (F | orm 9 | 990, 990-EZ, or 990-PF) |
| KF | orm of | organization | X Corporation Trust Association Other | | |
| L | Add line | s 5b, 6c, and 7 | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total | assets | s |
| (Pa | rt II, col | lumn (B)) are \$ | 500,000 or more, file Form 990 instead of Form 990-EZ | . ▶ | \$ 137,095. |
| Pa | ırt I | | Expenses, and Changes in Net Assets or Fund Balances (see | | nstructions for Part I) |
| | | Check if th | ne organization used Schedule O to respond to any question in this Part | : I | X |
| | 1 | Contributions, | gifts, grants, and similar amounts received | 1 | 1 137,095. |
| | 2 | Program servi | ce revenue including government fees and contracts | . 2 | 2 |
| | 3 | Membership d | lues and assessments | . 3 | 3 |
| | 4 | Investment inc | come , , , , , | . 4 | 4 |
| | 5 a | Gross amount | from sale of assets other than inventory 5a | | |
| | b | Less cost or o | other basis and sales expenses | | |
| | С . | Gain or (loss) | from sale of assets other than inventory (Subtract line 5b from line 5a) | . 5 | ic |
| | 6 | Gaming and fu | undraising events | | |
| 4. | а | Gross income | from gaming (attach Schedule G if greater than | | |
| Revenue | | \$15,000) | | _ | |
| ĕ | b | Gross income | from fundraising events (not including \$ of contributions | | |
| å | | from fundraisi | ng events reported on line 1) (attach Schedule G if the | | |
| | | sum of such g | ross income and contributions exceeds \$15,000) 6b | | |
| | С | Less direct ex | kpenses from gaming and fundraising events 6c | | |
| | d | Net income of | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac | t | |
| | | • | | . 6 | d |
| | 7 a | Gross sales of | f inventory, less returns and allowances | 4 | |
| | | - | poods sold | ∸ | |
| | 1 - | | r (loss) from sales of inventory (Subtract line 7b from line 7a) | | |
| | 8 | | e (describe in Schedule O). | • - | 127.005 |
| | 9 | | ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ 9 | |
| | 10 | | milar amounts paid (list in Schedule O) ATCH. 4 | - 1 | |
| ,_ | 11 | | to or for members | | |
| Expenses | 12 | | r compensation, and employee benefits | | |
| en | 13 | 3 / | ees and other payments to independent contractors | • — | |
| Ä | 14 15 | | ent, utilities, and maintenance | • | |
| | 16 | | cations, postage, and shipping | | 10.100 |
| | 17 | | es (describe in Schedule O) | | |
| | 18 | | ricit) for the year (Subtract line 17 from line 9) | | 24 525 |
| Net Assets | 19 | | fund balances at beginning of year (from line 27, column (A)) (must agree with | | |
| SS | ' " | end-of-year fic | nure reported on prior year's return) | ' ₁₉ | 9 0. |
| ot A | 20 | Other chances | s in net assets or fund balances (explain in Schedule 0) | 20 | <u> </u> |
| ž | 21 | Net assets or t | fund balances at end of year Combine lines 18 through 20 | 2 | |
| For | L | 1101 000010 01 | Act Notice see the senarate instructions | | Form 990-EZ (2018) |
| | | 20 | NOV 25 2019 | RS-OSC | (25(6) |
| | | _ | m 1101 @ 2019 | 8 | 015 |
| JSA | 000 | | CODE | 巫 | \mathcal{A}_{1} |
| 08 1 | 912 | 240Z 1430 | 11/6/2019 9:59:02 AM V 18-7.5F OCCEN, UT | - 1 | PAGE 1 |

JSA

Form **990-EZ** (2018)



Form 990-EZ (2018) Page **3**

| Part \ | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | |
|--------|--|------|-----|-----|
| | mental and any question and que | | | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O | 33 | | _x |
| 34 | detailed description of each activity in Schedule O | | | |
| | change on Schedule O. See instructions | 34 | | Х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | Х |
| | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 1 | | l " |
| 26 | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | Х |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 20 | | Х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | 36 | - | |
| | Did the organization file Form 1120-POL for this year? | 37b | | х |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 375 | | - |
| 000 | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | Х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 1000 | | |
| 39 | Section 501(c)(7) organizations Enter | 1 | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities |] | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0, section 4955 \blacktriangleright 0. | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | i | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | Х |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | | | |
| | on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| Ч | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line | | | |
| u | 40c reimbursed by the organization | | | |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | | 40e | | Х |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization's books are in care of ▶JODIE LARSEN Telephone no ▶ 920-502 | | 04 | |
| | Located at ▶ 1917 FOUR WHEEL DRIVE, PO BOX 2566 OSHKOSH, WI ZIP+4 ▶ 54902-2 | 2566 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority ove | | Yes | |
| | • | 42b | | Х |
| | If "Yes," enter the name of the foreign country > | | | • |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| | At any time during the calendar year, did the organization maintain an office outside the United States? | 420 | | Х |
| | If "Yes," enter the name of the foreign country | 420 | 1 | |
| | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | • | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | 1 |
| | completed instead of Form 990-EZ | 44a | | X |
| | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | | X |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | ' |
| | explanation in Schedule O | 44d | | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | |
| | 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," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ See instructions | 45b | - | X |
| | | | | |

Form **990-EZ** (2018)

| Form 99 | 0-EZ (2018) | | | | | | Page 4 |
|------------|---|--|---|---|---------------------|-----------|---------|
| 46 | Did the organization engage, directly or indirectly, to candidates for public office? If "Yes," complete S | | | | | Yes | No X |
| Part | Section 501(c)(3) Organizations Only All section 501(c)(3) organizations mus | ••• | • | | | or line | |
| | 50 and 51 Check if the organization used Schedule | O to respond to | any allection in this | · Dart VI | | | |
| 47 | Did the organization engage in lobbying activities | • | | - | | Yes | No |
| 41 | year? If "Yes," complete Schedule C, Part II | | | | . 47 | | X |
| 48 49 a | Is the organization a school as described in section. Did the organization make any transfers to an exe | | • | | | | X |
| b | If "Yes," was the related organization a section 52 | - | - | | | | Х |
| 50 | Complete this table for the organization's five high employees) who each received more than \$100,00 | | | | | | d key |
| _ | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee | (e) Estima | ated am | |
| | | <u> </u> | | compensation | | | |
| NO | NE | | | _ | | | |
| | | † | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| f 51 | Total number of other employees paid over \$100, Complete this table for the organization's five hi \$100,000 of compensation from the organization | ghest compensate | | ractors who each re | eceived | more | than |
| | (a) Name and business address of each independent contract | tor | (b) Type of service | (c) C | ompensatio | nc ——— | |
| NON | F. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| d | Total number of other independent contractors ea | ch receiving over \$ | 100,000▶ | 0. | | | |
| 52 | Did the organization complete Schedule A? | | | tions must attach | a [V]. | | ٦ |
| Under po | completed Schedule A | uding accompanying sch | edules and statements, an | nd to the best of my know | ► X Ye tedge and | | l No |
| true, cor | ect, and complete Declaration of preparer (other than officer) is be | ased on all information of | which preparer has any ki | nowledge | 10 | | |
| Sign | Signature of officer | VICE IN | esiaeni | Date | 19 | | |
| Here | JODIE LARSEN | VIC | CE PRESIDENT | Date | | | |
| | Type or print name and title | | | | | | |
| Paid | Print/Type preparer's name JENNIFER D RHODERICK Preparer's: | signatur De Luide | nick Date 11/07. | Cleck II | PTIN P00395 | 5725 | |
| Prepa | FRNST & YOUNG U S | LLP | /WC/C 11/01. | , , , , , , , , , , , , , , , , , , , | 565596 | | |
| Use C | Firm's address > 111 MONUMENT CIRCLE | , SUITE 4000 | | Phone no 317- | 681-74 | | |
| May th | e IRS discuss this return with the preparer shown a | | ons | | <u>X</u> Ye | | No_ |
| | INDIANAPOLIS, IN 46 | 204 | | | Form 990 | J-EZ (| (2018) |

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. ► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information

Inspection

| | | ne organization | | | | | Employer identif | ication number |
|------------------|--|---|----------------------|--|------------|----------------------|----------------------------|---------------------------------------|
| FE: | ED : | THE BODY, FEED THE | SOUL, INC. | | | | 83-10238 | 19 |
| Рa | rt I | Reason for Public Cha | rity Status (All o | organizations must o | complet | e this pa | art) See instructions | 3 |
| The | orga | anization is not a private fou | indation because if | t is (For lines 1 throu | gh 12, cl | neck only | one box) | _ |
| 1 | | A church, convention of ch | urches, or associa | tion of churches desc | ribed in s | section 1 | 70(b)(1)(A)(i). | . 🔨 |
| 2 | | A school described in secti | on 170(b)(1)(A)(iı) | . (Attach Schedule E | (Form 9 | 90 or 990 |)-EZ)) | O |
| 3 | | A hospital or a cooperative | hospital service o | rganization described | ın sectio | n 170(b) |)(1)(A)(iii) | \cup |
| 4 | | A medical research organia | zation operated in | conjunction with a ho | spital de | scribed ii | n section 170(b)(1)(A |)(iii). Enter the |
| | _ | hospital's name, city, and s | tate | | | | | |
| 5 | | An organization operated | for the benefit of | a college or universi | ty owne | d or ope | erated by a governme | ental unit described in |
| | | section 170(b)(1)(A)(iv). (0 | Complete Part II) | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | |
| 7 | X An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | | |
| | | described in section 170(b |)(1)(A)(vi). (Compl | ete Part II) | | _ | | - |
| 8 | | A community trust describe | ed in section 170(b | o)(1)(A)(vi). (Complete | e Part II) | | | |
| 9 | \Box | An agricultural research or | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | f in conjunction with a | land-grant college |
| | _ | or university or a non-land- | grant college of ag | riculture (see instruc | tions) E | nter the | name, city, and state o | f the college or |
| | | university | | | | | • | _ |
| 10 | \Box | An organization that norma | Illy receives (1) m | ore than 331/3 % of its | suppor | from co | ntributions, members | hip fees, and gross |
| | | receipts from activities rela support from gross investm | ited to its exempt f | functions - subject to | certain e | exception | is, and (2) no more that | in 331/3 % of its |
| | | acquired by the organization | | | | | | Dusinesses |
| 11 | | An organization organized | • | | | • | • | |
| 12 | \Box | An organization organized | and operated exclu | usively for the benefit | of, to pe | erform th | ne functions of, or to o | carry out the purposes |
| | _ | of one or more publicly su | pported organizati | ons described in sec | tion 509 | (a)(1) or | r section 509(a)(2). S | See section 509(a)(3). |
| | | Check the box in lines 12a t | hrough 12d that d | escribes the type of s | upportin | g organiz | zation and complete li | nes 12e, 12f, and 12g |
| а | | Type I. A supporting organic | anization operated | , supervised, or contr | olled by | its supp | orted organization(s). | typically by giving |
| | | the supported organization | • | • | • | | • , ,, | |
| | | supporting organization ` | | | | | | |
| b | | Type II. A supporting org | anization supervise | ed or controlled in co | nnection | with its | supported organizati | on(s), by having |
| | | control or management of | • | | | | • • | |
| | | organization(s) You must | · · · · - | - | | • | | |
| С | | Type III functionally inte | grated. A supporti | ng organization opera | ated in c | onnectio | n with, and functiona | lly integrated with, |
| | | its supported organization | | | | | | |
| d | | Type III non-functionally | integrated. A sup | porting organization of | perated | in conne | ection with its suppor | ted organization(s) |
| | | that is not functionally into | egrated The organ | nization generally mus | st satisfy | a distrib | oution requirement and | d an attentiveness |
| | | _ requirement (see instruct | ions) You must co | omplete Part IV, Sect | ions A a | ind D, an | d Part V. | |
| е | | $oldsymbol{ol}}}}}}}}}} $ | anization received | a written determinatio | n from t | he IRS ti | hat it is a Type I, Type I | II, Type III |
| | | functionally integrated, or | Type III non-funct | ionally integrated sup | porting o | organizat | tion | |
| f | Ent | ter the number of supported | l organizations | | | | | |
| g | Pro | ovide the following information | on about the suppo | orted organization(s) | | | | · ··· |
| | (i) Ni | ame of supported organization | (II) EIN | (III) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-10 above (see instructions)) | | ur goveming ment? | support (see instructions) | other support (see instructions) |
| | | | | , | Yes | No | <u> </u> | , , , , , , , , , , , , , , , , , , , |
| (A) | | | | | | | | |
| ·^, | | | | | | | | |
| (B) | | | | | | | | |
| (5) | | | | | | | | |
| (C) | | | | | | | | |
| (C) | | | | <u>.</u> | | | <u> </u> | |
| (D) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| \ - / | | | | | ļ | ļ <u> </u> | | |
| Tota | al | | | | | | | |
| , 01 | 41 | | | | 1 | 1 | | |

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2

| 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) |
| Soction A | A Public Support |

| Sec | tion A. Public Support | | | | | | |
|------|--|---------------------|---------------------------------------|------------------|----------|--------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 0 | 0 | 0 | 0 | 137,095 | 137,095 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | - | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total Add lines 1 through 3 | | | | | 137,095 | 137,095 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | i | | | | | |
| | shown on line 11, column (f) | | | | | | 112,417 |
| 6 | Public support Subtract line 5 from line 4 | | | | | | 24,678 |
| | tion B. Total Support | | r | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | _ | | | | 137,095 | 137,095 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0 |
| 11 | Total support Add lines 7 through 10 | | <u> </u> | | | | 137,095 |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First five years If the Form 990 is f organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sup | • | Y | | | | |
| 14 | Public support percentage for 2018 (li | ne 6, column (f) | divided by line | 11, column (f)). | | 14 | % |
| 15 | Public support percentage from 2017 | | | | | 15 | <u>%</u> |
| 16a | 331/3% support test - 2018. If the org | | | | | | |
| | box and $\mbox{\bf stop}$ here. The organization $\mbox{\bf q}$ | ualifies as a pub | licly supported | organization | | | ▶ 📖 |
| b | 331/3 % support test - 2017. If the org | | | | | | |
| | this box and stop here. The organization | ' - ' | | _ | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets to organization | | | • | • | , , | • • |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| _ | 15 is 10% or more, and if the orga | - | £ | | | | |
| | Explain in Part VI how the organizati | | | | | | |
| 40 | supported organization | | | | | | ▶ 🗀 |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · | | | chodulo A (Form 9) | |

| Page | |
|------|--|

| Par | Support Schedule for Orga (Complete only if you check If the organization fails to qu | ked the box or | n line 10 of Pa | rt I or if the org | | | der Part I |
|-------|---|-------------------|-------------------------|--------------------|--|--|--|
| Sec | tion A. Public Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | - | | | |
| _ | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 2 | | | <u> </u> | | | | |
| 3 | Gross receipts from activities that are not an | | 1 | | | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | / | | - |
| 5 | The value of services or facilities | | | i . | ./ | | |
| | furnished by a governmental unit to the | | | / | 1 | | |
| | organization without charge | | | 1 | | | |
| 6 | Total Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | / | | | |
| | received from disqualified persons | | | | | | |
| D | 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 | | | | | <u></u> | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6) | | | | | | L |
| Sec | tion B. Total Support | | | | , | | , |
| Caler | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | <u> </u> | | |
| С | Add lines 10a and 10b | | | | | | İ |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| 12 | Other income Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | <u> </u> |
| | and 12) | | | } | | | |
| 14 | First five years If the Form 990 is f | for the organiza | tion's first seco | and thurd fourth | or fifth tax w | lar as a sectio | 0. 501(c)(3) |
| 1-4 | organization, check this box and stop here | _ | | | | | |
| Sec | tion C. Computation of Public Sup | | | | · · · · · · · · · · · · · · · · · · · | | |
| | Public support percentage for 2018 (line 8 | | | mn (fl) | | 15 | 0/- |
| 15 | | | - | | | 15 | <u>%</u> |
| 16 | Public support percentage from 2017 Sche | | | | | 16 | %_ |
| | tion D. Computation of Investmen | | | | | T T | |
| 17 | Investment home percentage for 2018 (II | | | | | 17 | % |
| 18 | Investment income percentage from 2017 | | | - | | 18 | % |
| 19 a | 331/3%/support tests - 2018 If the or | ganization did no | ot check the bo | k on line 14, and | d line 15 is mor | e than 331/3%, | and line |
| | 17 is hot more than 331/3%, check th | is box and stor | here . The org | anızatıon qualıfıe | s as a publicly | supported organ | ization . ► |
| b | 331/8% support tests - 2017. If the orga | anization did not | check a box on | line 14 or line 19 | 9a, and line 16 is | more than 331 | 3 %, and |
| | line 18 is not more than 331/3%, check | this box and sf | t op here The or | ganızatıon qualıfı | es as a publicly | supported organ | ization 🕨 📘 |
| 20 | Private foundation If the organization | did not check | a box on line | 14, 19a, or 19t | o, check this bo | ox and see inst | ructions ► |
| JSA | 1 | - | | | | chodule A /Form | 990 or 990-FZ) 2018 |

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| <u> </u> | on A. All Supporting Organizations | | Yes | No |
|----------|---|------------|-----|-----|
| 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 | 1 | | 110 |
| 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) | 2 | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | - | |
| 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 | 3b | | |
| С | 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 | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a_ | | |
| 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 | 4b | | |
| С | 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 | 4c | | |
| 5а | 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) | 5a | | |
| b | designated in the organization's organizing document? | 5b 5c | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 50 | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 9 a | 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 . | <u>9</u> a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined in line 9a) 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. | 9с | - | |
| 10 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below | _ 10a | | |
| 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) | 10b | | - |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nizatior | าร | |
|--|-----------|--------------------------|-----------------------------|
| 1 L Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| instructions. All other Type III non-functionally integrated supporting organi | zations | must complete Section | ns A through E |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | <u> </u> | |
| 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 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | _ | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 | | |
| 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 | | |
| Section 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 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 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-functionally | y integra | ated Type III supporting | organization (see |
| instructions) | 5 | A1 = | , G: :-:::(aaa |

Schedule A (Form 990 or 990-EZ) 2018

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| Part | | Supporting Organiza | ions (continuea) | |
|------------|--|-----------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | | | |
| 3_ | Administrative expenses paid to accomplish exempt purpo | ses of supported organi | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | _ | _ |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (I) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | • | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required - explain in Part VI) See | | | |
| | instructions | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| — <u> </u> | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7 \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | - | |
| | any Subtract lines 3g and 4a from line 2 For result | | | |
| | greater than zero, explain in Part VI See instructions | | | |
| 6 | Remaining underdistributions for 2018 Subtract lines 3h | | | |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carry over to 2019. Add lines 3 | | | |
| - | and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| a | Excess from 2014 | | | · · · · · · · · · · · · · · · · · · · |
| <u>_</u> | Excess from 2015 | | ··· <u>-</u> | : |
| | Excess from 2016 | , | | |
| | Excess from 2017 | | | |
| <u>-</u> | Excess from 2018 | | - | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

► 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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

FEED THE BODY, FEED THE SOUL, INC.

Employer identification number 83-1023819

FORM 990-EZ, PART III, LINE 28 RICE/FOOD-PACKING EVENT:

FEED THE BODY, FEED THE SOUL, INC. (FTBFTS) WILL COORDINATE AND HOST AN ANNUAL RICE/FOOD-PACKING EVENT. FTBFTS WILL PROVIDE LIVE MUSIC DURING THE EVENT FOR THE ENJOYMENT AND INSPIRATION OF THE VOLUNTEERS ASSISTING WITH THE RICE/FOOD PACKING. SPONSORSHIPS ARE OBTAINED FROM LOCAL BUSINESSES AND ORGANIZATIONS WHO PROVIDE NOT ONLY FINANCIAL SUPPORT BUT VOLUNTEER LABOR FOR THE RICE/FOOD-PACKING EVENT. FTBFTS THEN DISTRIBUTES THE PROCEEDS FROM THE EVENT TO QUALIFYING PUBLIC CHARITIES THAT SUPPORT BASIC NEEDS. THESE RICE/FOOD-PACKING EVENTS IGNITE THE COMMUNITY TO USE THEIR TIME, TALENT AND MONETARY SUPPORT TO LEAD THE PATH FOR SELF-SUFFICIENCY THROUGH BASIC NEEDS SERVICES.

| | ATTACHMENT 1 |
|--|----------------|
| FORM 990EZ, PART I - OTHER EXPENSES FOOD PACKING VENUE EXPENSES MISCELLANEOUS EXPENSES | 43,000. |
| TOTAL | 43,120. |
| | |
| | |
| | ATTACHMENT 2 |
| FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS | |
| DESCRIPTION | END OF YEAR |
| CASH | 21,785. |
| TOTALS | 21,785. |

Name of the organization $\label{eq:feed_solution} \mbox{FEED THE BODY, FEED THE SOUL, INC.}$

Employer identification number 83-1023819

ATTACHMENT 3

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF FEED THE BODY, FEED THE SOUL IS TO PROVIDE A UNIQUE EXPERIENCE (THE MUSIC INSPIRED RICE/FOOD PACKING EVENT) TO IGNITE THE COMMUNITY TO USE THEIR TIME, TALENT AND MONETARY SUPPORT TO LEAD THE PATH FOR SELF-SUFFICIENCY THROUGH BASIC NEEDS SERVICES. THIS WILL BE ACCOMPLISHED BY FEED THE BODY, FEED THE SOUL HOSTING A RICE/FOOD-PACKING EVENT ACCOMPANIED BY LIVE MUSIC TO RAISE FUNDS TO SUPPORT 501(C)(3) ORGANIZATIONS. MUSIC IS AN AVENUE TO BRING PEOPLE TOGETHER TO EDUCATE THEM ABOUT THE NEEDS THAT EXIST IN THE COMMUNITY.