

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2023 calendar year, or tax year beginning **MAR 1, 2023** and ending **FEB 29, 2024**

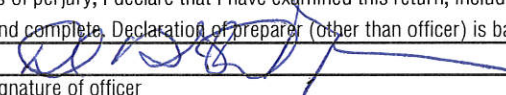
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FEED MY STARVING CHILDREN, INC.</b>		<b>D</b> Employer identification number <b>41-1601449</b>
	Doing business as		<b>E</b> Telephone number <b>763-504-2919</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>69,095,537.</b>
	<b>401 93RD AVE NW</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>COON RAPIDS, MN 55433</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>MARK CREA</b> <b>401 93RD AVE NW, COON RAPIDS, MN 55433</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.FMSC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1986</b>
			<b>M</b> State of legal domicile: <b>MN</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>491</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1163000</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>61,776,058.</b>	<b>64,452,116.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>334,496.</b>	<b>519,107.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,066,948.</b>	<b>1,103,538.</b>
		<b>63,177,502.</b>	<b>66,074,761.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>45,093,687.</b>	<b>45,030,783.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15,935,586.</b>	<b>18,084,619.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>46,300.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>4,796,630.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>8,951,028.</b>	<b>10,937,995.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>69,980,301.</b>	<b>74,099,697.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-6,802,799.</b>	<b>-8,024,936.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>38,450,008.</b>	<b>29,078,290.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,266,783.</b>	<b>9,343,815.</b>
	<b>28,183,225.</b>	<b>19,734,475.</b>	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <b>7/15/24</b>			
	Type or print name and title <b>DAN STENNES-ROGNESS, VP FINANCE / CFO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER STAVISH, CPA</b>	Preparer's signature <b>JENNIFER STAVISH, CPA</b>	Date <b>07/11/24</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01299068</b>
	Firm's name <b>SDK CPA</b>	Firm's EIN <b>41-1680240</b>	Phone no. <b>612-332-5500</b>		
Firm's address <b>100 WASHINGTON AVE S STE 1600 MINNEAPOLIS, MN 55401</b>					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT. WITH GOD'S HELP FEED MY STARVING CHILDREN WILL STRIVE TO ELIMINATE STARVATION IN CHILDREN THROUGHOUT THE WORLD BY HELPING TO INSTILL COMPASSION IN PEOPLE TO HEAR AND RESPOND TO THE CRIES OF THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 64,543,655. including grants of \$ 45,030,783. ) (Revenue \$ ) PROGRAM SERVICES - SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 1,242,181. ) MARKETPLACE - SEE SCHEDULE O

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 64,543,655.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAN STENNES-ROGNESS - 763-231-0157
401 93RD AVE NW COON, RAPIDS, MN 55433

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK CREA CEO	40.00			X			324,046.	0.	29,912.	
(2) ANDY CARR VP OF DEVELOPMENT & MARKET	40.00			X			199,768.	0.	24,532.	
(3) LISA STENDER VP OF MANUFACTURING	40.00			X			166,113.	0.	22,252.	
(4) DAN STENNES-ROGNESS VP OF FINANCE/CFO	40.00			X			153,926.	0.	21,624.	
(5) JEANIE PICARDI VP OF HUMAN RESOURCES	40.00			X			159,794.	0.	15,598.	
(6) JOEL HOWELLS VP OF SUPPLY CHAIN	40.00			X			127,469.	0.	21,852.	
(7) JIGNORE OBRAND VP OF INTL PROGRAMS & SUPP	40.00			X			133,865.	0.	6,294.	
(8) DEAN NADASY BOARD MEMBER	5.00	X					0.	0.	0.	
(9) BILL JOURNEY BOARD MEMBER	5.00	X					0.	0.	0.	
(10) EVELYN NAKIBUUKA BOARD MEMBER	5.00	X					0.	0.	0.	
(11) JAVI MCGUIGGAN BOARD MEMBER	5.00	X					0.	0.	0.	
(12) JENNIFER C. PRESCOTT BOARD MEMBER	5.00	X					0.	0.	0.	
(13) GREG HILDING BOARD MEMBER	5.00	X					0.	0.	0.	
(14) STEWART MCCUTCHEON BOARD VICE CHAIR	5.00	X		X			0.	0.	0.	
(15) LISA TORRES BOARD MEMBER	5.00	X					0.	0.	0.	
(16) BRAD ADAMS BOARD MEMBER	5.00	X					0.	0.	0.	
(17) KEVIN REED BOARD MEMBER	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRUCE GORTER BOARD CHAIR	5.00	X		X				0.	0.	0.
(19) JACKIE WYATT BOARD TREASURER	5.00	X		X				0.	0.	0.
(20) DELIA HADDAD BOARD MEMBER	5.00	X						0.	0.	0.
(21) RYAN MICK BOARD MEMBER	5.00	X						0.	0.	0.
(22) CLYNT REDDY BOARD SECRETARY	5.00	X		X				0.	0.	0.
(23) KAREN WILSON BOARD MEMBER	5.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,264,981.	0.	142,064.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,264,981.	0.	142,064.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCLARY INNOVATIONS 680 WEST 200 N, NORTH SALT LAKE, UT 84054	FOOD PACKAGING	2,759,813.
GULF PACIFIC RICE CO, INC. 12010 TAYLOR RD., HOUSTON, TX 77041	RICE SUPPLIER	1,112,160.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	2,079,071.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	62,373,045.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,294,997.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		64,452,116.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		532,729.		532,729.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	1,222,686.	0.		
	<b>c</b>	Gain or (loss)	<b>7c</b>	-17,032.	3,410.		
<b>d</b>	Net gain or (loss)		-13,622.		-13,622.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 2,079,071. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
			44,045.				
<b>b</b>	Less: direct expenses	<b>8b</b>	214,348.				
<b>c</b>	Net income or (loss) from fundraising events		-170,303.		-170,303.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
			2,825,923.				
<b>b</b>	Less: cost of goods sold	<b>10b</b>	1,583,742.				
<b>c</b>	Net income or (loss) from sales of inventory		1,242,181.	1,242,181.			
Miscellaneous Revenue	<b>11 a</b>	MISC INCOME	<b>Business Code</b>	900099	31,660.	31,660.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			31,660.		
<b>12</b>	<b>Total revenue.</b> See instructions			66,074,761.	1,273,841.	0.	
						348,804.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,873.	3,873.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	45,026,910.	45,026,910.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,473,346.	942,388.	316,556.	214,402.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	13,778,413.	8,813,014.	2,960,361.	2,005,038.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	416,082.	266,137.	89,397.	60,548.
<b>9</b> Other employee benefits .....	1,293,172.	855,338.	181,295.	256,539.
<b>10</b> Payroll taxes .....	1,123,606.	729,563.	237,056.	156,987.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	50,000.		50,000.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	46,300.			46,300.
<b>f</b> Investment management fees .....	16,191.		16,191.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	948,738.	559,048.	281,929.	107,761.
<b>12</b> Advertising and promotion .....	171,624.	116,873.	7,327.	47,424.
<b>13</b> Office expenses .....	2,279,939.	1,117,372.	63,259.	1,099,308.
<b>14</b> Information technology .....	539,403.	210,750.	91,443.	237,210.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,484,194.	2,450,157.	20,286.	13,751.
<b>17</b> Travel .....	1,818,859.	1,588,866.	39,053.	190,940.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	730,204.	670,516.	41,692.	17,996.
<b>23</b> Insurance .....	254,099.	163,744.	53,854.	36,501.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CHARITABLE DONATIONS	795,206.	795,206.		
<b>b</b> DONOR APPRECIATION	274,892.			274,892.
<b>c</b> BAD DEBT	265,000.		265,000.	
<b>d</b> MEALS AND ENTERTAINMENT	133,423.	116,552.	2,865.	14,006.
<b>e</b> All other expenses _____	176,223.	117,348.	41,848.	17,027.
<b>25</b> Total functional expenses. Add lines 1 through 24e	74,099,697.	64,543,655.	4,759,412.	4,796,630.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,645,346.	<b>1</b>	1,628,638.
	<b>2</b> Savings and temporary cash investments .....	17,374,890.	<b>2</b>	12,724,849.
	<b>3</b> Pledges and grants receivable, net .....	549,647.	<b>3</b>	599,052.
	<b>4</b> Accounts receivable, net .....	216.	<b>4</b>	15,661.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	8,164,124.	<b>8</b>	6,723,494.
	<b>9</b> Prepaid expenses and deferred charges .....	282,789.	<b>9</b>	297,436.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,998,112.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,290,390.		
		3,700,515.	<b>10c</b>	3,707,722.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	5,732,481.	<b>15</b>	3,381,438.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	38,450,008.	<b>16</b>	29,078,290.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,885,765.	<b>17</b>	5,353,541.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	1,610.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,381,018.	<b>25</b>	3,988,664.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,266,783.	<b>26</b>	9,343,815.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	23,605,724.	<b>27</b>	15,160,371.
	<b>28</b> Net assets with donor restrictions .....	4,577,501.	<b>28</b>	4,574,104.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	28,183,225.	<b>32</b>	19,734,475.
	<b>33</b> Total liabilities and net assets/fund balances .....	38,450,008.	<b>33</b>	29,078,290.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	66,074,761.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	74,099,697.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-8,024,936.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	28,183,225.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	-423,814.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	19,734,475.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	48,288,254.	47,209,648.	61,587,260.	61,776,058.	64,452,116.	283,313,336.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	48,288,254.	47,209,648.	61,587,260.	61,776,058.	64,452,116.	283,313,336.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,810,719.
<b>6 Public support.</b> Subtract line 5 from line 4.						281,502,617.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	48,288,254.	47,209,648.	61,587,260.	61,776,058.	64,452,116.	283,313,336.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	83,551.	121,813.	76,370.	336,260.	532,729.	1,150,723.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						284,464,059.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,909,290.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.96 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.46 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>FEED MY STARVING CHILDREN, INC.</b>	<b>Employer identification number</b>  41-1601449
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>FEED MY STARVING CHILDREN, INC.</b>	Employer identification number  41-1601449
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		214,200.		214,200.
b Buildings		1,388,286.	341,843.	1,046,443.
c Leasehold improvements		4,764,822.	3,350,203.	1,414,619.
d Equipment		2,903,963.	2,573,164.	330,799.
e Other		1,726,841.	1,025,180.	701,661.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,707,722.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	81,794.
(2) ROU - OPERATING LEASES	3,299,644.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,381,438.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	3,988,664.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,988,664.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	96,784,046.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	29,035,138.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,674,147.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	30,709,285.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	66,074,761.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	66,074,761.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	105,232,796.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	29,458,952.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,674,147.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	31,133,099.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	74,099,697.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	74,099,697.

**Part XIII Supplemental Information**

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

PART X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THERE

WERE NO UNCERTAIN TAX POSITIONS (INCLUDING UNRELATED BUSINESS INCOME)

THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES - MARKET PLACE 1,583,742.

SPECIAL EVENT EXPENSE 76,783.

LOSS ON DISPOSAL OF ASSETS 13,622.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,674,147.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information *(continued)*

COST OF SALES - MARKETPLACE 1,583,742.

SPECIAL EVENT EXPENSE 76,783.

LOSS ON DISPOSAL OF ASSETS 13,622.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,674,147.

Multiple horizontal lines for supplemental information entry.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			PROGRAM SERVICES	MEAL AID, FREIGHT, SUPPLIES, FUNDS	23,914,490.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			PROGRAM SERVICES	MEAL AID, FREIGHT, FUNDS	4,862,560.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			PROGRAM SERVICES	MEAL AID	217,723.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			PROGRAM SERVICES	MEAL AID	110,152.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,			PROGRAM SERVICES	MEAL AID	1,834,432.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,			PROGRAM SERVICES	MEAL AID, FREIGHT, SUPPLIES, FUNDS	1,247,156.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			PROGRAM SERVICES	MEAL AID	246,522.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			PROGRAM SERVICES	MEAL AID, FREIGHT, SUPPLIES, FUNDS	11,767,163.
<b>3 a Subtotal</b> .....	0	0			44,200,198.
<b>b Total from continuation sheets to Part I</b> .....	0	0			1,015,248.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			45,215,446.

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

Schedule F (Form 990) 2023

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			PROGRAM SERVICES	MEAL AID, FUNDS	1,015,248.
<b>Totals</b> .....					1,015,248.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	AID	0.		219,443.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		28,112.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		707,795.	MEALS	MEAL COST
		SOUTH ASIA	AID	0.		218,411.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		165,372.	MEALS	MEAL COST
		NORTH AMERICA	AID	0.		27,108.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		176,128.	MEALS	MEAL COST

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

3 Enter total number of other organizations or entities .....



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		135,538.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		162,646.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		54,215.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		136,543.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		170,134.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		220,127.	MEALS	MEAL COST
		EUROPE	AID	0.		55,219.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27,108.	MEALS	MEAL COST

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & PACIFIC	AID	0.		27,108.	MEALS	MEAL COST
		NORTH AMERICA	AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		109,435.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		1,636,216.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		4,373,284.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		382,290.	MEALS	MEAL COST
		EUROPE	AID	0.		54,215.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		271,938.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		319,575.	MEALS	MEAL COST

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		2,740,654.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		135,539.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		301,771.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		241,961.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		336,479.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		6,005,312.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		656,735.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		822,267.	MEALS	MEAL COST

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		79,688.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		57,371.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		56,223.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		54,216.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		135,539.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27,968.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		54,215.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		109,722.	MEALS	MEAL COST

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		527,342.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		1,689,589.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		28,112.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		55,592.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27,108.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		173,489.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		248,846.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		82,327.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		162,646.	MEALS	MEAL COST

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	AID	0.		28,112.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		1,907,522.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		162,647.	MEALS	MEAL COST
		EUROPE	AID	0.		520,353.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		2,786,013.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		82,614.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		354,265.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		578,728.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		56,539.	MEALS	MEAL COST

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		55,937.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		489,660.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		81,323.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		447,837.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		667,043.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		81,323.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27,108.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		15,490.	MEALS	MEAL COST

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		54,215.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		82,183.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		82,327.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		82,327.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		54,215.	MEALS	MEAL COST
		EUROPE	AID	0.		81,323.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		383,237.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		383,237.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		3,062,024.	MEALS	MEAL COST



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	AID	0.		167,523.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		790,857.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		410,918.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		222,742.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		27,108.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		939,483.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		328,936.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		302,057.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		54,215.	MEALS	MEAL COST

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	AID	0.		55,076.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		436,907.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		283,354.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		109,980.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		274,089.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		27,108.	MEALS	MEAL COST
		MIDDLE EAST & NORTH AFRICA	AID	0.		54,216.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		950,319.	MEALS	MEAL COST
		EUROPE	AID	0.		27,108.	MEALS	MEAL COST

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	AID	0.		385,532.	MEALS	MEAL COST
		MIDDLE EAST & NORTH AFRICA	AID	0.		108,431.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		162,646.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		164,368.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		81,323.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	FREIGHT	37,200.		0.		
		CENTRAL AMERICA & CARIBBEAN	FREIGHT	100,520.		0.		
		SUB-SAHARAN AFRICA	FREIGHT	9,470.		0.		
		SUB-SAHARAN AFRICA	FREIGHT	99,864.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	FREIGHT	38,100.		0.		
		CENTRAL AMERICA & CARIBBEAN	FREIGHT	17,253.		0.		
		CENTRAL AMERICA & CARIBBEAN	FREIGHT	8,107.		0.		
		SUB-SAHARAN AFRICA	FUNDS	11,011.		0.		
		EAST ASIA & PACIFIC	FUNDS	10,769.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	18,334.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	8,888.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	7,523.		0.		
		SUB-SAHARAN AFRICA	FREIGHT	6,500.		0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	FUNDS	11,756.		0.		
		SUB-SAHARAN AFRICA	FUNDS	35,848.		0.		
		SUB-SAHARAN AFRICA	FUNDS	11,567.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	57,835.		0.		
		SUB-SAHARAN AFRICA	FUNDS	6,500.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	26,000.		0.		
		SUB-SAHARAN AFRICA	FUNDS	5,765.		0.		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	9,000.		0.		
		CENTRAL AMERICA & CARIBBEAN	AID	0.		8,649.	MEALS	MEAL COST

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	FUNDS	11,567.		0.		
		SUB-SAHARAN AFRICA	AID	0.		27,968.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		27,108.	MEALS	MEAL COST
		NORTH AMERICA	AID	0.		55,937.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		54,215.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		27,108.	MEALS	MEAL COST
		EUROPE	AID	0.		27,108.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING STATES	AID	0.		27,968.	MEALS	MEAL COST
		EUROPE	AID	0.		27,108.	MEALS	MEAL COST

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		RUSSIA & NEIGHBORING STATES	AID	0.		135,539.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		72,287.	MEALS	MEAL COST
		CENTRAL AMERICA & CARIBBEAN	AID	0.		81,323.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		27,108.	MEALS	MEAL COST
		EAST ASIA & PACIFIC	AID	0.		299,906.	MEALS	MEAL COST
		MIDDLE EAST & NORTH AFRICA	AID	0.		27,108.	MEALS	MEAL COST
		MIDDLE EAST & NORTH AFRICA	AID	0.		27,968.	MEALS	MEAL COST
		SUB-SAHARAN AFRICA	AID	0.		6,196.	MEALS	MEAL COST





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 2:

PROCEDURES FOR IN COUNTRY FOOD AID AND OUT OF COUNTRY FOOD AID ARE THE

SAME AS FOLLOWS:

1) FMSC PRE-SCREENS THE REQUESTING DISTRIBUTION PARTNER BEFORE APPROVAL IS GIVEN TO RECEIVE FMSC PRODUCT. EXTENSIVE CORRESPONDENCE OVER THE TYPE OF FEEDING PROGRAMS (SCHOOL, CHURCH, VILLAGE OUTREACH, ETC) AND METHODS OF DISTRIBUTION (SERVED COOKED, GIVEN OUT UNCOOKED, ETC), ARE COMPLETED AS A PART OF THIS PRE-SCREENING PROCESS.

2) APPROVED DISTRIBUTION PARTNERS SUBMIT A FOOD AID APPLICATION PRIOR TO RECEIVING THEIR FIRST SHIPMENT. ON AN ONGOING BASIS, THE PARTNERS INFORM FMSC OF END DESTINATIONS AND COSIGNEES FOR EACH SHIPMENT.

3) ALL DISTRIBUTION PARTNERS ARE REQUIRED TO SEND FMSC A RECEIPT OF SHIPMENT THAT THE CONTAINER ARRIVED AS SCHEDULED, AS WELL AS SUBMIT FEEDBACK TO FMSC IN THE FORM OF PICTURES, STORIES, AND/OR REPORTS ABOUT THE IMPACT OF THE FOOD ONCE THE DISTRIBUTION IS UNDERWAY. FMSC ANNUALLY ASSESSES DISTRIBUTION PARTNERS' PERFORMANCE.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **FEED MY STARVING CHILDREN, INC.**  
Employer identification number: **41-1601449**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFINITY DIRECT - 13220 COUNTY ROAD 6 STE 200, MOORE, A SERIES LLC - 4200 PARLIAMENT PLACE STE 300,	CONSULTING & STRATEGY		X	2,330,531.	12,000.	2,318,531.
	CREATIVE & STRATEGY		X	340,267.	34,300.	305,967.
<b>Total</b>				2,670,798.	46,300.	2,624,498.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		'23 MN GALA (event type)	'23 IL GALA (event type)	4 (total number)		
Revenue	1	Gross receipts	1,330,392.	555,946.	236,778.	2,123,116.
	2	Less: Contributions	1,308,427.	533,866.	236,778.	2,079,071.
	3	Gross income (line 1 minus line 2)	21,965.	22,080.		44,045.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	49,389.	59,987.		109,376.
	8	Entertainment				
	9	Other direct expenses	46,891.	58,081.		104,972.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				214,348.
11	Net income summary. Subtract line 10 from line 3, column (d)				-170,303.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFINITY DIRECT

(I) ADDRESS OF FUNDRAISER:

13220 COUNTY ROAD 6 STE 200, PLYMOUTH, MN 55441-3832

(I) NAME OF FUNDRAISER: MOORE, A SERIES LLC

(I) ADDRESS OF FUNDRAISER: 4200 PARLIAMENT PLACE STE 300, LANHAM, MD 20706

**Part IV** Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

THE AGREEMENTS WITH MOORE MARKETING AND INFINITY DIRECT INCLUDE BOTH FEES

FOR PROFESSIONAL FUNDRAISING SERVICES AND FOR EXPENSES RELATED TO THOSE

SERVICES. EXPENSES RELATED TO FUNDRAISING ARE INVOICED AND PAID

SEPARATELY FROM PAYMENT FOR SERVICES. EXPENSES INCLUDE POSTAGE,

PRINTING, PAPER, ENVELOPES, MAILING, ETC.

FUNDRAISING EXPENSES PAID TO MOORE MARKETING AND INFINITY DIRECT:

MOORE MARKETING - \$98,845

INFINITY DIRECT - \$226,016

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK CREA CEO	(i)	254,746.	69,300.	0.	13,200.	16,712.	353,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDY CARR VP OF DEVELOPMENT & MARKET	(i)	180,006.	19,762.	0.	8,480.	16,052.	224,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA STENDER VP OF MANUFACTURING	(i)	150,067.	16,046.	0.	6,872.	15,380.	188,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAN STENNES-ROGNESS VP OF FINANCE/CFO	(i)	138,516.	15,410.	0.	6,628.	14,996.	175,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEANIE PICARDI VP OF HUMAN RESOURCES	(i)	144,431.	15,363.	0.	6,608.	8,990.	175,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

ACCRUED COMPENSATION

THE ORGANIZATION ACCRUES AN ANNUAL INCENTIVE BASED ON THE ATTAINMENT OF

CERTAIN ORGANIZATIONAL GOALS INCLUDING REVENUES RAISED, MEALS PRODUCED AND

EXPENSE MANAGEMENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FEED MY STARVING CHILDREN, INC.**  
Employer identification number: **41-1601449**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	141	1,222,686.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT/SUPPL)	X	82	52,195.	FMV
26 Other (AUCTION ITEMS)	X	3	20,116.	FMV
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FEED MY STARVING CHILDREN, INC.

Employer identification number

41-1601449

FORM 990, PART III, LINE 4A

FEED MY STARVING CHILDREN (FMSC) IS A CHRISTIAN NON-PROFIT ORGANIZATION

COMMITTED TO FEEDING GOD'S STARVING CHILDREN HUNGRY IN BODY AND SPIRIT.

DUE TO THE CURRENT STATE OF MALNUTRITION WORLDWIDE, ONE OUT OF FOUR

CHILDREN IS "STUNTED" - THEY DO NOT RECEIVE ENOUGH ESSENTIAL NUTRIENTS

TO GROW HEALTHY, AND AS A RESULT, BRAIN DEVELOPMENT COMES TO A HALT. WE

BELIEVE THAT ALL PROGRESS STARTS WITH NUTRITION - IT ALLOWS CHILDREN TO

DEVELOP TO THEIR FULL POTENTIAL. VOLUNTEERS OF ALL AGES JOIN US AND

TURN HUNGER INTO HOPE WITH THEIR OWN TWO HANDS BY HAND-PACKING SPECIAL

MEAL FORMULAS SCIENTIFICALLY DESIGNED TO MEET THE NEEDS OF SEVERELY

MALNOURISHED CHILDREN, REVERSE THE EFFECTS OF MALNUTRITION AND PREVENT

IT IN THE FUTURE. THE MEALS ARE THEN SHIPPED TO AN EXCEPTIONAL NETWORK

OF MISSIONS AND HUMANITARIAN ORGANIZATIONS LOCATED IN NEARLY 70

COUNTRIES AROUND THE WORLD, AND ARE USED BY SCHOOLS, ORPHANAGES,

CLINICS AND FEEDING PROGRAMS. FMSC PROVIDED 448 MILLION MEALS TO OUR

NETWORK OF PARTNERS DURING FY2023-24. FMSC WELCOMED 1,163,000

VOLUNTEERS TO PACKAGE MEALS AT OUR PERMANENT SITES AND MOBILEPACK

EVENTS.

WE CURRENTLY OPERATE OUT OF EIGHT PERMANENT SITES: COON RAPIDS, EAGAN

AND CHANHASSEN, MINNESOTA; AURORA, LIBERTYVILLE AND SCHAUMBURG,

ILLINOIS; RICHARDSON, TEXAS; AND MESA, ARIZONA. WE ALSO OFFER THE

OPTION TO HOST A MOBILEPACK, WHICH GIVES CHURCHES, SCHOOLS, BUSINESSES

AND OTHER ORGANIZATIONS (LOCATED ANYWHERE IN THE CONTINENTAL UNITED

STATES) THE CHANCE TO SPONSOR A PACKING EVENT WITH FMSC AND HELP RAISE

AWARENESS IN THEIR OWN COMMUNITIES.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

THE GOAL OF FMSC IS TO MEET THE NEEDS OF THOSE WHO ARE STARVING NOW, SO  
 THEY CAN MEET THEIR OWN NEEDS IN THE FUTURE. WE HAVE RECEIVED A  
 FOUR-STAR RATING FROM CHARITY NAVIGATOR FOR EIGHTEEN CONSECUTIVE YEARS,  
 AND 99.8% OF OUR MEALS HAVE SUCCESSFULLY REACHED THEIR INTENDED  
 RECIPIENTS.

FORM 990, PART III, LINE 4B

THE ORGANIZATION ALSO SUPPORTS ECONOMIES WHERE IT DISTRIBUTES MEALS BY  
 PURCHASING HANDMADE CRAFTS AND RESELLING THEM IN ITS MARKETPLACE,  
 AVAILABLE AT ALL PACKING SITES, ONLINE, AND MOST MOBILE PACKING EVENTS.  
 THE GOALS OF MARKETPLACE ARE TWO-FOLD, FIRST TO PROMOTE  
 SELF-SUFFICIENCY IN THE COMMUNITIES FMSC SERVES, WHICH WILL IN TURN  
 CONTRIBUTE TO THE GOAL OF COMBATING HUNGER, AND SECOND, TO EDUCATE THE  
 ORGANIZATION'S VOLUNTEERS ABOUT THE PEOPLE THEY ARE HELPING FEED AND  
 PROVIDE A TANGIBLE CONNECTION TO THOSE INDIVIDUALS.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS THE ORGANIZATION USES TO REVIEW FORM 990:

A COPY OF FORM 990 IS INTERNALLY REVIEWED BY THE CEO AND THE VP OF FINANCE.  
 IT IS THEN REVIEWED AND APPROVED BY THE AUDIT AND IT COMMITTEE (TO WHOM THE  
 BOARD HAS DELEGATED THIS AUTHORITY). THE APPROVED 990 IS SENT TO THE BOARD  
 OF DIRECTORS TO READ AND ASK ANY QUESTIONS THEY MIGHT HAVE PRIOR TO FILING  
 THE RETURN WITH THE IRS. AFTER ALL QUESTIONS ARE ANSWERED, THE 990 IS  
 FINALIZED. A FINAL, SIGNED COPY OF THE 990 IS PROVIDED TO THE BOARD OF  
 DIRECTORS UPON FILING.

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

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY/ENFORCEMENT:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON (AS DEFINED IN THE POLICY) MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS RELATING TO HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS OR MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION:

ANNUALLY THE BOARD APPROVES A TOTAL BUDGET TO BE ALLOCATED FOR COMPENSATION INCREASES ACROSS THE ENTIRE EMPLOYEE POPULATION. THE CEO IS ALLOCATED THE SAME PERCENTAGE AS ALL OTHER MANAGERS TO AWARD AT THEIR DISCRETION TO EACH MEMBER OF THE EXECUTIVE STAFF. THE CEO EVALUATES EXECUTIVE STAFF MEMBERS PERFORMANCE AND AWARDS A MERIT BASED ON INDIVIDUAL PERFORMANCE AND MARKET STANDARDS.

THE CEO IS GIVEN A PERFORMANCE APPRAISAL BY THE BOARD CHAIR BASED ON THE INPUT FROM THE EXECUTIVE COMMITTEE OF THE BOARD AND THE FULL BOARD. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE ANALYSIS PROVIDED BY THE ASSIGNED HUMAN RESOURCE REPRESENTATIVE OR THIRD PARTY SOURCE FOR THE CEO. NEW COMPENSATION AMOUNT FOR THE CEO IS RECOMMENDED BY THE EXECUTIVE COMMITTEE TO THE ENTIRE BOARD AND APPROVED, DISAPPROVED, OR NEW AMOUNT RECOMMENDED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

HOW FORM 1023 AND 990 ARE PROVIDED TO THE PUBLIC:

COPIES OF ALL INFORMATION ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH GUIDESTAR AND CHARITY REVIEW COUNCIL, AS WELL AS ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

HOW GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC: COPIES OF ALL INFORMATION ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH GUIDESTAR AND CHARITY REVIEW COUNCIL, AS WELL AS ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

2,825,923 GROSS SALES LESS RETURNS AND ALLOWANCES

647,413 INVENTORY AT BEGINNING OF YEAR

1,768,935 PURCHASES

2,416,348 SUBTOTAL

832,606 MINUS ENDING INVENTORY

1,583,742 COST OF GOODS SOLD