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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

DLN: 93493139003174

Department of the Treasury Internal Revenue Service

Form **990**

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

Open to Public Inspection

A Fo	r the 2	2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-	2013									
	eck if ap Iress ch	pplicable FEED GOD'S HUNGRY CHILDREN INC			er identification number							
_		Doing Business As		86-100	04800							
	ne char											
_	ıal retur	21208 N 52ND AVE		E Telephon	ne number							
_	minated			(623)3	376-0727							
_	ended r	GLÉNDALE, AZ 853089355										
App	lication	pending		G Gross red	ceipts \$ 1,269,784							
		F Name and address of principal officer Larry MacKay	H(a) Is this affiliate		eturn for ┌ Yes 🔽 No							
		21208 N 52nd Ave Glendale, AZ 85308										
		Giendale, AZ 03300		(b) Are all affiliates included? ☐ Yes ☐ N If "No," attach a list (see instructions								
I Ta	x-exem	npt status										
		A mericaschildrenshunger org	H(c) Group	exemptio	on number 🕨							
K Forn	n of org	ganization 🔽 Corporation 🧵 Trust 🥒 Association 🗍 Other 🕨	L Year of form	nation 2000	0 M State of legal domicile AZ							
Pa	rt I	Summary										
aı.	F	Briefly describe the organization's mission or most significant activities Feeding and clothing underpriviledged children through transporting and coordinat housewares, etc to underprivileged children throughout the world	ting the distri	bution of	donated food, clothing,							
ĕ	-											
Ē	_											
Governance	2 (eck this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets										
	3 1	Number of voting members of the governing body (Part VI, line 1a)		1	3 3							
Activities &	l	Number of independent voting members of the governing body (Part VI, line 1b)		F	4 3							
乬	l	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		- F	5 1							
្ន	l	Total number of volunteers (estimate if necessary)		_	6							
•	l	Total unrelated business revenue from Part VIII, column (C), line 12		i l	7a 0							
		Net unrelated business taxable income from Form 990-T, line 34		.	7b							
			Prior	Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		1,419,34	1,269,784							
뢀	9	Program service revenue (Part VIII, line 2g)			0							
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0							
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,419,34	1,269,784							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,386,3	1,260,728							
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0							
\$	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		7,0:	18 8,527							
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0							
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright										
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,7	7,490							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,404,04	1,276,745							
	19	Revenue less expenses Subtract line 18 from line 12	nue less expenses Subtract line 18 from line 12									
Net Assets or Fund Balances			Beginning (Ye		t End of Year							
98.4E	20	Total assets (Part X, line 16)		80,9:	12 74,028							
4.5 4.0	21	Total liabilities (Part X, line 26)			73 751							
žĔ	22	Net assets or fund balances Subtract line 21 from line 20		80,239 73,27								
Do		Signature Block										

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

	*	****						
Sign	S	ignature of officer						
Here	re Larry MacKay President							
	7 ™	ype or print name and title						
Doid		Print/Type preparer's name MICHAEL KONING CPA	Preparer's signature					
Paid Prepare	r	Firm's name WESTAR FINANCIAL LLC						
Use Onl		Fırm's address ► 15770 E BELL RD						

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

HOMER GLEN, IL 604918400

) (Revenue \$

41,385 including grants of \$

1,273,995

(Expenses \$

Total program service expenses ►

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	,		
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complianc

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	ا		NI -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D		
C	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Code Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		•
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►AZ
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Larry MacKay 21208 N 52nd Ave Glendale, AZ (602)499-1320

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Larry MacKay	5 00	х		х	х			0	0	0
President (2) Heather Cary Treasurer	5 00	х		х				0	0	0
(3) John Coosey V President	2 00	х		х				0	0	0
										Form 990 (2012)

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

	(A) Name and Tıtle	A verage hours per week (list any hours and a director/trustee) A verage hours per week (list any hours and a director/trustee) A verage hours position (do not check reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W	- ((F) Estima mount of compens from t	ted fother ation he							
		organizations below dotted line)	Individual trustee or director	Z/1099-MISC) Epimer Epimer									rganizati relate organiza	ed b
												-		
				_	_							-		
1b	Sub-Total			٠.				 						
c	Total from continuation sheet	s to Part VII, S	ection /	١.				•						
d	Total (add lines 1b and 1c) .							Þ						
2	Total number of individuals (in \$100,000 of reportable compe					liste	d abov	e) w	ho receive	d more th	nan			
											_		Yes	No
3	Did the organization list any f oon line 1a? If "Yes," complete S						emplo	yee	, or highest	compen	sated employee			
4	·						ne atre	· n n-	d other se	nnoncat:	on from the	3		N o
4	For any individual listed on line organization and related organ													
	ındıvıdual				•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıon • ••	or individual for	5		No
<u> </u>	otion D. Indonesidant Ca	mtra ete e											<u></u>	
1	ection B. Independent Co Complete this table for your five compensation from the organiz	ve highest comp											tax year	
		(A)	-					, -			(B)		(C)
	N	lame and business	auuress							Des	cription of services	\pm	Compen	sauon
												7		
												1		

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

Part V	* * *	Statement of Revenue Check if Schedule O contains a response to any que	estion in this	Part VIII .			
				(A) al revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
. <u></u>	1a	Federated campaigns 1a					
ame mu	b	Membership dues 1b					
ons, Giffs, Grants Similar Amounts	c	Fundraising events 1c					
ar 4	d	Related organizations 1d					
ري ⊒ير	e	Government grants (contributions) 1e					
ion Sign	f		9,784				
Other	g	similar amounts not included above Noncash contributions included in lines	1 460				
Contributions, Gifts, Grants and Other Similar Amounts	_	1a-1f \$	1,460	1,269,784			
ತ ಕ			▶	1,203,704			
nue	2a	Business C	ode				
evel	b						
H eg	c						
ier w	d						
<u>و</u>	e						
Program Serwce Revenue	f	All other program service revenue					
<u></u>	g	Total. Add lines 2a-2f	F				
	3	Investment income (including dividends, interest, and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond proceeds $\ . \ \ .$	•				
	5	Royalties	•				
	62	(I) Real (II) Person	nal				
	6a b	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)	_				
	-	(i) Securities (ii) Othe					
	7a	Gross amount from sales of assets other					
	b	than inventory Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	•				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	L	a L					
5	D C	Less direct expenses b Net income or (loss) from fundraising events	<u></u>				
		Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities	· -				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b	$\overline{}$				
		Net income or (loss) from sales of inventory	▶				
İ		Miscellaneous Revenue Business C	-				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	*				
	12	Total revenue. See Instructions	►	1,269,784			

		Statement of Functional Expenses				
ectio	on 501	L(c)(3) and $501(c)(4)$ organizations must complete all columns All	other organizati	ions must comp	lete column (A)	
	(Check if Schedule O contains a response to any question in this Par	tIX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21	26,918	26,918		
2		ts and other assistance to individuals in the ed States See Part IV, line 22	0	·		
3	organ	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16	1,233,810	1,233,810		
4		fits paid to or for members	0			
5		pensation of current officers, directors, trustees, and	0			
6	Comp (as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)	0			
7	Othe	r salaries and wages	7,893	6,314	1,579	
8		ion plan accruals and contributions (include section 401(k)	0			
9		r employee benefits	0			
10		oll taxes	634	507	127	
11	•	for services (non-employees)				
а		agement	0			
b		I	0			
c		ounting	3,550	2,840	710	
d		ying	0	2,0.0	, 10	
e		ssional fundraising services See Part IV, line 17				
f		stment management fees	0			
g g	Othe	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
	Sche	dule O)	0			
12		rtising and promotion	0			
13	Office	e expenses	1,672	1,338	334	
14	Infor	mation technology	0			
15	Roya	lties	0			
16	Occu	ıpancy	0			
17	Trave	el	1,943	1,943		
18		nents of travel or entertainment expenses for any federal,	0			
19	Confe	erences, conventions, and meetings	0			
20	Inter	est	0			
21	Paym	nents to affiliates	0			
22	Depre	eciation, depletion, and amortization	0			
23		rance	0			
24	misce	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		sportation expenses	325	325		
ь						
c						
d					 	
	Δ ΙΙ ο+	ther expenses	0		+	
		I functional expenses. Add lines 1 through 24e		1 373 005	3.750	
25			1,276,745	1,273,995	2,750	0
26	repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check Tiffollowing SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 25,653 20,522 1 1 2 2 Savings and temporary cash investments 55,259 51,635 3 3 Pledges and grants receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 8 8 9 9 1,871 10a Land, buildings, and equipment cost or other basis Complete 9,384 10a Part VI of Schedule D 9,384 b Less accumulated depreciation 10b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 15 Other assets See Part IV, line 11 15 16 80,912 16 74,028 **Total assets.** Add lines 1 through 15 (must equal line 34) . **17** 673 **17** 751 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 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 25 26 673 751 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27

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Assets

Š

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	269,784
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	276,745
3	Revenue less expenses Subtract line 2 from line 1	3			-6,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			80,239
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			73,277
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b	Yes	

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As Filed Data -

DLN: 93493139003174

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Total

Name of the organization

FEED GOD'S HUNGRY CHILDREN INC

SCHEDULE A (Form 990 or 990EZ)

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

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

Inspection

					Yes	No	Yes	No	Yes	No	
			or IRC section document? (see instructions))								
٠.		lines 1 - 9 above your governing support?				•	in the U				
	uppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat		monetary support
-) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of
h		PIOVIGE	e cile iollowii	ng information about	the supporte	eu organizati					
L		` '		lled entity of a perso		., .,				119	y(iii)
		• •	•	er of a person descri	• •						g(ii)
				governing body of th		_	1?				g(i)
				rectly or indirectly o	•		3	persons de	scribed in (ii		Yes No
9		followir	ng persons?	, ,	·	, 5		•			
g			this box August 17. 2	2006, has the organi	zation accen	nted any diff	or contribute	on from any	of the		Г
f		If the o	rganization	received a written de	etermination	from the IRS	S that it is a ⁻	Type I, Typ	e II, or Type	III suppor	tıng organızatıo <u>n,</u>
			han foundatı n 509(a)(2)	on managers and otl	her than one	or more pub	licly support	ed organizat	tions describ	ed in section	on 509(a)(1) or
e	Γ	,	_	ox, I certify that the			•		, ,		•
			that descri Type I	bes the type of supp b Type II c						on-function	ally integrated
	'	one or	more public	ly supported organiz	ations descri	ıbed ın sectı	on 509(a)(1)) or section	509(a)(2) S	•	· ·
10 11	<u>'</u>	_		ganized and operated ganized and operated	•	·	•		, , , ,	to carry out	the nurnoses of
10	_		,	ganization after June ganized and operated	•			•	•		
				oss investment inco				•		tax) from b	usinesses
				ities related to its ex	•	-			` '		•
9	Γ	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	outions, mem	bership fee	s, and gross
8	Γ			described in section							
•	1.	_		on 170(b)(1)(A)(vi).			зарроте пош	a governine	incar anne or i	rom the ger	iciai pablic
7	 -								rom the ger	neral nublic	
6	_		n 170(b)(1)(A)(iv). (Complete Part II) ral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
5	ı	=	•	erated for the benefit	_	or universit	y owned or o	perated by	a governmen	tai unit des	cribed in
_	_			ty, and state	+ -6II						
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se c	ction 170(b)	(1)(A)(iii).	Enter the
3		A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).		
2	,		•	in section 170(b)(1				•	,,,,,,,		
1	Г Г		•	on of churches, or as	•			•	•		
	t I			te foundation becaus						i istruction:	5.
Do		Door	on for Du	blic Charity Sta	tue (All ore		must some	alata thic r	86-1004		
									1		

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,249,670 354,448 530,916 1,419,341 1,269,784 4,824,159 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,249,670 354,448 530,916 1,419,341 1,269,784 4,824,159 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 4,824,159 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(c)** 2010 **(b)** 2009 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 1,249,670 354,448 530,916 1,419,341 1,269,784 4,824,159 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include 10 gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 4,824,159 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 100 000 % 14 15 Public support percentage for 2011 Schedule A, Part II, line 14 15 100 000 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

_Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
	ction B. Total Support				Г	ı	
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is f	or the organizati	on's first second	third fourth or	fifth tax vear as	 501(c)(3) orga	l nization
	check this box and stop here	or the organization	on 3 m3t, 3ccond	, cilita, loareil, or	men eax year as		▶ □
	ction C. Computation of Publ			12 1 (6)			
15	Public support percentage for 2012			13, column (f))		15	0 %
16	Public support percentage from 201		·			16	
17	ction D. Computation of Inve Investment income percentage for 2				nn (f))	17	0 %
18	Investment income percentage from			•	. , ,	18	3 70
	33 1/3% support tests—2012. If the				line 15 is more t		l line 17 is not
ь	more than 33 1/3%, check this box a 33 1/3% support tests—2011. If the	nd stop here. Th	e organızatıon qu	ialifies as a publi	cly supported org	janization	▶ ┌
_	,			1 01 IIIIC		chan 55	_,

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493139003174

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

nal Revenue Service	► Attach to Form 990. ► See separate instruction	ons. Inspection
ame of the organization EED GOD'S HUNGRY CHILDREN INC		Employer identification number
TED GOD 3 HONORT CHILDREN INC		86-1004800
	ng Donor Advised Funds or Other Simi	ilar Funds or Accounts. Complete if the
organization answered "Ye	s" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(a) Donor advised funds	(b) runus and other accounts
Aggregate contributions to (during year	ar)	
Aggregate grants from (during year)	,	
Aggregate value at end of year		
	and donor advisors in writing that the assets held subject to the organization's exclusive legal cont	
	es, donors, and donor advisors in writing that gran not for the benefit of the donor or donor advisor, of fit?	
	s. Complete if the organization answered "	<u> </u>
Preservation of land for public use Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the oi	ganization held a qualified conservation contribut	on of a certified historic structure
easement on the last day of the tax yo	ar	Held at the End of the Year
Total number of conservation easeme	nts	2a
Total acreage restricted by conservat		2b
-	n a certified historic structure included in (a)	2c
	icluded in (c) acquired after 8/17/06, and not on a	
Number of conservation easements m the tax year ▶	odified, transferred, released, extinguished, or tei	rminated by the organization during
Number of states where property subj	ect to conservation easement is located 🛌	
Does the organization have a written penforcement of the conservation ease	policy regarding the periodic monitoring, inspection ments it holds?	on, handling of violations, and Yes No
Staff and volunteer hours devoted to r	nonitoring, inspecting, and enforcing conservation	n easements during the year
A mount of expenses incurred in monit	coring, inspecting, and enforcing conservation eas	sements during the year
'	ported on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(ı)
	ration reports conservation easements in its reveloble, the text of the footnote to the organization's fill ervation easements	
	ng Collections of Art, Historical Treasu on answered "Yes" to Form 990, Part IV, line	
works of art, historical treasures, or o	ed under SFAS 116 (ASC 958), not to report in it ther similar assets held for public exhibition, educ : of the footnote to its financial statements that de	cation, or research in furtherance of public
	ed under SFAS 116 (ASC 958), to report in its re ther similar assets held for public exhibition, educ s relating to these items	
(i) Revenues included in Form 990, P	art VIII, line 1	► \$
(ii) Assets included in Form 990, Par	t X	
If the organization received or held wo	orks of art, historical treasures, or other similar as rted under SFAS 116 (ASC 958) relating to these	
Revenues included in Form 990, Part	VIII, line 1	► \$
	•	

6	CEPT Organizations Maintaining Co	nections of Art	<u>, nis</u>	tori	<u>cai ir</u>	easur	es, or c	unei	Similar	ASSEL	S (CC	<u>ntinuea)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	the follo	wing that	are a	sıgnıfıcant	use of ı	ts	
а	Public exhibition		d	Г	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	•						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the or	ganızatıoı	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit o								ılar	_		_
Do	assets to be sold to raise funds rather than t rt IV Escrow and Custodial Arrang		•						os" to For			l No
гœ	Part IV, line 9, or reported an an	•			_		answere	u i	25 (0 1011	11 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	forc	ontribu	itions or	other ass	sets r	ot	ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		-					
							}			Amour	ıt	
c	Beginning balance						}	1c				
d	Additions during the year						}	1d				
e	Distributions during the year						}	1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						ΓY	es	_ No
Ь	If "Yes," explain the arrangement in Part XII											<u> </u>
Pa	rt V Endowment Funds. Complete								t IV, line I Three years be		-	are back
1a	Beginning of year balance	(a)Current year	(D) Prior	year	B (C)IW	o years bac	K (a)	niee years ba	ick (e)	our ye	ears back
ь	Contributions							+				
c	Net investment earnings, gains, and losses							+				
Č								<u> </u>				
d	Grants or scholarships							┼				
е	Other expenditures for facilities and programs											
f	Administrative expenses							+-				
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balan	ce (lın	ne 1g	, colum	n (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses organization by	_		that	are held	d and ad	mınıstere	d for	the -	Ţ	Yes	No
	(i) unrelated organizations							•		3a(i)		
L	(ii) related organizations			Scho-	 Julo Pa	• •				3a(ii) 3b		<u> </u>
ь 4	Describe in Part XIII the intended uses of the	· ·						•	[30		<u> </u>
	rt VI Land, Buildings, and Equipme					10.						
	Description of property			7	a) Cost o		(b)Cost of basis (of		(c) Accum deprecia		(d) B	ook value
1a	Land											
	Buildings											
c	Leasehold improvements											
d	Equipment							9,384		9,384		
e	Other	<u> </u>	<u>. </u>									
	al. Add lines 1a through 1e (Column (d) must e			ımn (R) line	10(c))						

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	12.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) Financial derivatives and other financial products		
(B) Closely-held equity interests		
(b) closely field equity finereses		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See (a) Description of investment type	e Form 990, Part X, line (b) Book value	13. (c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lii		
(a) Descrip	otion	(b) Book value
Table (Caluman (b) march agreed Forms 2000, Parth V, and (B) lines 15	- 1	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		1
Federal income taxes		1
redefai ilicollie taxes		1
		_
		†
]
		1
		-
]
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

Identifier

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue	per i	leturn
1	Total revenue, gains, and other support per audited financial statements	1	1,269,784
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,269,784
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,269,784
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s pei	Return
1	Total expenses and losses per audited financial statements	1	1,276,745
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,276,745
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,276,745
Part	Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art 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 ınformatıon

Return Reference

Explanation

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As Filed Data -

DLN: 93493139003174

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Name of the organization **Employer identification number** FEED GOD'S HUNGRY CHILDREN INC 86-1004800 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total expenditures

	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	for and investments in region
Central America and the Caribbean			Program Services/Grants	Fm 990, Pt III, 4b	632,180
North America			· · · · · · · · · · · · · · · · · · ·	Fm 990, Pt III, 4a,d	567,980
East Asia and the Pacific			Grants	Fm 990, Pt III, 4c	33,650
3a Sub-total b Total from continuation sheets					1,233,810
to Part I c Totals (add lines 3a and 3b)				No. 500023W	1,233,810

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America and the Caribbean	HUMANITARIAN			,	MEDICAL, HOUSEHOLD PERS HYGEN	FMV
			North America	HUMANITARIAN	1,200	Checks	,	FEEDING PROGRAMS	FM∨
			East Asia and the Pacific	HUMANITARIAN	33,650	Checks		FEEDING PRO GRAMS	
_	Enter total nun								

ax-exempt by the IRS, or for which the grantee or	01(c)(3) equivalency lette	 . .	.	

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			1		,	1	
			1		,		
			1		,		
		+	1		<u> </u>		
		+	1		 		
		+			+ +		†
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			1		<u> </u>	+	
			 		<u> </u>	<u> </u>	
			1		<u> </u>	1	
			1		<u> </u>		
		, I	1				T

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to 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 Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
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 Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
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 Instructions for Form 8865)	Г	Yes	<u> </u>	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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

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

Identifier	ReturnReference	Explanation
		- L

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Schedule I

(Form 990)

DLN: 93493139003174

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

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

Department of the Treasury Internal Revenue Service		-	Attach to Form 9	990			Inspection
Name of the organization FEED GOD'S HUNGRY CHILDI	DEN INC					Employer identif	ication number
						86-1004800	
		ts and Assistance					
	d to award the grant	ibstantiate the amount of t ts or assistance? dures for monitoring the us					▽ Yes ▽
Part II Grants and Ot	her Assistance	to Governments and	l Organizations in	the United State			i "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN INDIAN DIABETES FUND 773 GRANT ST CALEXICO,CA 92231		1	25,400		1 1		PROGRAM SUPPORT
		government organizations					
3 Enter total number of other	ei organizations iist	ed in the line 1 table	<u> </u>			· · · · F	1

Identifier

Return Reference

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

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DLN: 93493139003174

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization

Employer identification number FEED GOD'S HUNGRY CHILDREN INC 86-1004800 Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining noncash contribution amounts ıf or items contributed amounts reported on applicable Form 990, Part VIII, line

1 g 1 Art—Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 566,780 **19** Food inventory . . . Χ 624,680 20 Drugs and medical supplies . Χ **21** Taxidermy Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other►(___ 26 Other ▶(___ **27** Other ► (_____ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to 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.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493139003174

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization FEED GOD'S HUNGRY CHILDREN INC Employer identification number

86-1004800

Identifier	Return Reference	Explanation
		Form 990 Part IV Section C Line 19 Information is available upon request