\*\* PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2023 calendar year, or tax year beginning MAR 1, 2023 and ending FEB 29, 2024 Check if applicable: C Name of organization D Employer identification number Address FEED MY STARVING CHILDREN, INC. 41-1601449 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 401 93RD AVE NW 763-504-2919 termin-ated 69,095,537. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended COON RAPIDS, MN 55433 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARK CREA Yes X No for subordinates? ..... 401 93RD AVE NW, COON RAPIDS, MN H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c)( 4947(a)(1) or 527 If "No," attach a list. See instructions (insert no.) WWW.FMSC.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1986 M State of legal domicile: MN Other Trust Association Part I Summary FEEDING GOD'S STARVING CHILDREN Briefly describe the organization's mission or most significant activities: Activities & Governance HUNGRY IN BODY AND SPIRIT. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 491 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1163000 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 61,776,058. 64,452,116. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g) 334,496, 519,107. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,066,948 1,103,538. 11 63,177,502, 66,074,761. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,093,687. 45,030,783. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 15,935,586 18,084,619. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 46.300. b Total fundraising expenses (Part IX, column (D), line 25) 8,951,028 10,937,995. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 69,980,301. 74,099,697. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -6,802,799. -8,024,936. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 20 38,450,008. 29,078,290. Total assets (Part X, line 16) 20 9,343,815. 10,266,783. 21 Total liabilities (Part X, line 26) let let 28,183,225. 19,734,475. Net assets or fund balances. Subtract line 21 from line 20 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. 24 Signature of officer Sign DAN STENNES-ROGNESS, VP FINANCE / CFO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name JENNIFER STAVISH, CPA 07/11/24 P01299068 JENNIFER STAVISH, CPA Paid self-employed 41-1680240 SDK CPA Firm's EIN Preparer Firm's name 100 WASHINGTON AVE S STE 1600 Use Only Firm's address Phone no.612-332-5500 MINNEAPOLIS, MN 55401 May the IRS discuss this return with the preparer shown above? See instructions No

Pa	t III Statement of Program Service Acco	-		
	Check if Schedule O contains a response or not	te to any line in this Part III		X
1	Briefly describe the organization's mission:	DODY 1370 CDIDIM 1	TITU GOD! G	
	FEEDING GOD'S STARVING CHILDREN HUNGRY			
	HELP FEED MY STARVING CHILDREN WILL STR			
	CHILDREN THROUGHOUT THE WORLD BY HELPING		ION IN	
	PEOPLE TO HEAR AND RESPOND TO THE CRIES			
2	Did the organization undertake any significant program			
	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 signif	icant changes in how it con	ducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accompli	shments for each of its thre	e largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are requi	red to report the amount of	grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 64,543,65	5. including grants of \$	45,030,783. ) (Revenue \$	)
	PROGRAM SERVICES - SEE SCHEDULE O			·
				1 242 101 \
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	1,242,101.
	MARKETPLACE - SEE SCHEDULE O			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)			
-tu		of \$	) (Revenue \$	1
4e	· · · · · · · · · · · · · · · · · · ·	64,543,655.	) (Develue \$	J
+€	Total program service expenses	-,,		Form <b>990</b> (2023)
				1 01111 000 (2023)

41-1601449

### Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		<del></del> -
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<sub></sub>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	
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	Х	L
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (2						CHILDREN,	-
Part IV	Ch	ecklist of	Require	ed S	Schedules	(continued)	

	· (comment)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	х	
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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		, I	
Par	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. aı	Check if Schedule O contains a response or note to any line in this Part V			
	Greek if correduce of correlation a response of flote to any line in this part v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4	7	162	140
b	Enter the Harmon reported in box of the firm root. Enter of in not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
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Dart V	C+	tatements Regarding Other IRS Filings and Tax Compliance	
raitv	ા	tatements negarining Other instrings and rax compliance /	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	491			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b			uirad	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
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	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a	Did the constitution of th			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
•	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	8			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
				_	$\Omega\Omega\Omega$	(0000:

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	16		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	. 6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	120	Х	
13	Did the organization have a written whistleblower policy?	. 13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official		Х	
b	Other officers or key employees of the organization	. 15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		
Sec	tion 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	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Another's website     Very an investing and several and s			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finar	ncial	
	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-NEĆ) 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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s bot	n an	compensation	compensation	amount of
	week		cer an	la a a	recio	rrus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	m pen		1099-NEC)	1099-NEC)	and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	st co	- La	13551125,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MARK CREA	40.00									
CEO				Х				324,046.	0.	29,912.
(2) ANDY CARR	40.00									
VP OF DEVELOPMENT & MARKET				Х				199,768.	0.	24,532.
(3) LISA STENDER	40.00									
VP OF MANUFACTURING				Х				166,113.	0.	22,252.
(4) DAN STENNES-ROGNESS	40.00									
VP OF FINANCE/CFO				Х				153,926.	0.	21,624.
(5) JEANIE PICARDI	40.00									
VP OF HUMAN RESOURCES				Х				159,794.	0.	15,598.
(6) JOEL HOWELLS	40.00									
VP OF SUPPLY CHAIN				Х				127,469.	0.	21,852.
(7) JIGNORE OBRAND	40.00									
VP OF INTL PROGRAMS & SUPP				Х				133,865.	0.	6,294.
(8) DEAN NADASDY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BILL JOURNEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) EVELYN NAKIBUUKA	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JAVI MCGUIGGAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JENNIFER C. PRESCOTT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) GREG HILDING	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) STEWART MCCUTCHEON	5.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(15) LISA TORRES	5.00									
BOARD MEMBER		Х	_		_		<u> </u>	0.	0.	0.
(16) BRAD ADAMS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(17) KEVIN REED	5.00									
BOARD MEMBER		Х						0.	0.	0.

D 1 1/11										r ago -
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) BRUCE GORTER	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(19) JACKIE WYATT BOARD TREASURER	5.00	x		х				0.	0.	0.
(20) DELIA HADDAD	5.00									
BOARD MEMBER		х						0.	0.	0.
(21) RYAN MICK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(22) CLYNT REDDY BOARD SECRETARY	5.00	х		х				0.	0.	0.
(23) KAREN WILSON BOARD MEMBER	5.00	х						0.	0.	0.
1b Subtotal								1,264,981.	0.	142,064.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,264,981.	0.	142,064.
2 Total number of individuals (including but n								coived more than \$100	000 of roportable	

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 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	1	
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 the	nose listed above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

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Form 990 (2023) FEED MY STA

Check if Schedule O contains a response or note to any line in this Part VIII  (A)  (B)  Related or exempt function revenue		(D) Revenue excluded
		I Revenue excluded
idinction revenue	business revenue	sections 512 - 514
ឬ 1 a Federated campaigns1a		
1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f  1a 1b 1c 2,079,071. 1d 1e 1e 62,373,045. 1g \$ 1,294,997. 64,452,116.		
c Fundraising events 1c 2,079,071.		
d Related organizations 1d		
e Government grants (contributions)		
f All other contributions, gifts, grants, and		
similar amounts not included above 1f 62,373,045.		
similar amounts not included above 1f 62,373,045.  g Noncash contributions included in lines 1a-1f 1g \$ 1,294,997.		
g Noncash contributions included in lines 1a-1f   1g   \$ 1,294,997.   64,452,116.		
h Total. Add lines 1a-1f 64,452,116.		
<u>0</u> 2 a		
Dagram Service revenue		
38 d		
e		
1 7 ill other program convice revenue		
g Total. Add lines 2a-2f		
3 Investment income (including dividends, interest, and		
other similar amounts) 532,729.		532,729.
4 Income from investment of tax-exempt bond proceeds		
5 Royalties		
(i) Real (ii) Personal		
6 a Gross rents 6a		
b Less: rental expenses 6b		
c Rental income or (loss) 6c		
d Net rental income or (loss)		
7 a Gross amount from sales of (i) Securities (ii) Other		
assets other than inventory 7a 1,205,654. 3,410.		
<b>b</b> Less: cost or other basis		
and sales expenses		
and sales expenses		
<b>d</b> Net gain or (loss)		-13,622.
8 a Gross income from fundraising events (not		
including \$2,079,071. of		
contributions reported on line 1c). See		
Part IV, line 18		
b Less: direct expenses 8b 214,348.		
c Net income or (loss) from fundraising events		-170,303.
9 a Gross income from gaming activities. See		
Part IV, line 199a		
b Less: direct expenses 9b		
c Net income or (loss) from gaming activities		
10 a Gross sales of inventory, less returns		
and allowances		
b Less: cost of goods sold 10b 1,583,742.		
c Net income or (loss) from sales of inventory 1,242,181. 1,242,181.		
Business Code		
11 a MISC INCOME 900099 31,660. 31,660. d All other revenue		
d All other revenue		
e Total. Add lines 11a-11d 31,660.		
12 Total revenue. See instructions 66,074,761. 1,273,841.	0.	348,804.

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41 - 1601449

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

Do 5	Check if Schedule O contains a response		(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,873.	3,873.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	45 006 040	45 006 040		
	individuals. See Part IV, lines 15 and 16	45,026,910.	45,026,910.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	1 452 246	0.40, 200	216 556	014 400
	trustees, and key employees	1,473,346.	942,388.	316,556.	214,402
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Other salaries and wages	13,778,413.	8,813,014.	2,960,361.	2,005,038
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	416,082.	266,137.	89,397.	60,548
	Other employee benefits	1,293,172.	855,338.	181,295.	256,539
10	Payroll taxes	1,123,606.	729,563.	237,056.	156,987
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	50,000.		50,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	46,300.			46,300
f	Investment management fees	16,191.		16,191.	
g	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
12	Advertising and promotion	171,624.	116,873.	7,327.	47,424
13	Office expenses	2,279,939.	1,117,372.	63,259.	1,099,308
14	Information technology	539,403.	210,750.	91,443.	237,210
	Royalties				
	Occupancy	2,484,194.	2,450,157.	20,286.	13,751
	Travel	1,818,859.	1,588,866.	39,053.	190,940
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	730,204.	670,516.	41,692.	17,996
	Insurance	254,099.	163,744.	53,854.	36,501
24	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 0.)				
	CHARITABLE DONATIONS	795,206.	795,206.		
	DONOR APPRECIATION	274,892.	,		274,892
-	BAD DEBT	265,000.		265,000.	,
•	MEALS AND ENTERTAINMENT	133,423.	116,552.	2,865.	14,006
	All other expenses	176,223.	117,348.	41,848.	17,027
	Total functional expenses. Add lines 1 through 24e	74,099,697.	64,543,655.	4,759,412.	4,796,630
	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 if following SOP 98-2 (ASC 958-720)				

# Form 990 (2023) Part X Balance Sheet

Part		Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,645,346.	1	1,628,638
	2	Savings and temporary cash investments			17,374,890.	2	12,724,849
	3	Pledges and grants receivable, net			549,647.	3	599,05
	4	Accounts receivable, net			216.	4	15,66
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8,164,124.	8	6,723,49
₹	9	5			282,789.	9	297,43
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	10,998,112.			
	b	Less: accumulated depreciation		7,290,390.	3,700,515.	10c	3,707,72
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,732,481.	15	3,381,43
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	38,450,008.	16	29,078,29
	17	Accounts payable and accrued expenses	4,885,765.	17	5,353,54		
	18					18	
	19	Deferred revenue		0.	19	1,61	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of the	ese pers	ons		22	
<b>-</b>	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			5,381,018.	25	3,988,664
-	26				10,266,783.	26	9,343,81
,		Organizations that follow FASB ASC 958, c	heck her	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>  aa</u>	27				23,605,724.	27	15,160,37
<u> </u>	28	Net assets with donor restrictions			4,577,501.	28	4,574,10
Ĭ		Organizations that do not follow FASB ASC	958, che	eck here			
<u> </u>		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
- □	31	Retained earnings, endowment, accumulated			00 100 000	31	40 =04 :=:
	32	Total net assets or fund balances			28,183,225.	32	19,734,475
	33	Total liabilities and net assets/fund balances			38,450,008.	33	29,078,290

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	66	074,	761.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74	099,	697.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8	024,	936.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	,183,	225.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		423,	814.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19	734,	475.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Open to Pub

**Employer identification number** 

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

2023

OMB No. 1545-0047

Open to Public Inspection

			Y STARVING CHIL					41-1601449	
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative				(b)(1)(A)(ii	i).		
4	一	A medical research organiz					•	nter the hospital's name,	
-		city, and state:	•	,			XXXXX	,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
Ŭ	ш	section 170(b)(1)(A)(iv).			o. opo.u.	, - g-			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)		
7	х	An organization that norma	ŭ				• •	eral public described in	
•		section 170(b)(1)(A)(vi). (C	•	Titial part of its support if	om a gove	minoritar	unit of from the gene	rai public described iri	
8		A community trust describe		(1)(A)(vi) (Complete Part	· II \				
9		•				ad in aanii	unation with a land ar	rant callaga	
9		An agricultural research org				-	_	-	
		or university or a non-land-g	grant college or agric	ulture (see iristructions).	Lillei lile i	name, city	, and state of the cor	lege of	
10		university:An organization that norma	Ily rossiyos (1) more	than 22 1/20/ of its supp	ort from o	ontribution	no momborobin food	and gross respirits from	
10	ш	activities related to its exen	*					•	
		income and unrelated busin	•	•				-	
		See section 509(a)(2). (Coi		(less section 511 tax) no	iii busiiles	sses acqui	ed by the organization	on after durie 30, 1973.	
11		An organization organized a	•	ively to test for public saf	aty Saa	section 50	)Q(a)(A)		
12	H	An organization organized a	· ·	•	•			the nurnoses of one or	
12	ш	more publicly supported or	•	•	-		•		
		lines 12a through 12d that						oj. Oneck the box on	
_		Type I. A supporting orga	• •				· · · · · · · · · · · · · · · · · · ·	by giving	
а	·	the supported organization	· · · · · · · · · · · · · · · · · · ·			_			
		organization. <b>You must o</b>			majority o	i the direc	tors or trustees or tri	e supporting	
b		Type II. A supporting org			ion with its	e cupporto	d organization(s) by	having	
	, r	control or management o	•					-	
		organization(s). <b>You mus</b>			ine persor	iis tilat coi	ittoi oi manage the s	supported	
c		Type III functionally inte	•		in connect	tion with a	and functionally integ	rated with	
•	·	its supported organization	= ::					ratod with,	
c		Type III non-functionally		•				nanization(s)	
	'	that is not functionally int						•	
		requirement (see instructi	-		-			SHEVOHOOO	
e		Check this box if the orga	·	-				·III	
		functionally integrated, or					1,700 1, 1,700 11, 1,700		
f	Ente	er the number of supported of							
		vide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of moneta	ary (vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructio	ns) support (see instructions)	
Tota	al								

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## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	48,288,254.	47,209,648.	61,587,260.	61,776,058.	64,452,116.	283,313,336.
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							1,810,719.
6	Column (f)  Public support. Subtract line 5 from line 4.						281,502,617.
	etion B. Total Support						201,302,017.
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	48,288,254.	47,209,648.	61,587,260.	61,776,058.	64,452,116.	283,313,336.
	Gross income from interest,	10,200,201.	17,205,010.	02,007,200	01,,,0,000.	01,101,110.	200,020,000:
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	83,551.	121,813.	76,370.	336,260.	532,729.	1 150 723
	and income from similar sources	03,331.	121,013.	70,370.	330,200.	332,123.	1,150,723.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						004 464 050
	<b>Total support.</b> Add lines 7 through 10						284,464,059.
	Gross receipts from related activities,	•	,			12	7,909,290.
13	First 5 years. If the Form 990 is for the	· ·				. , . ,	
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi						00.06
	Public support percentage for 2023 (li					14	98.96 %
	Public support percentage from 2022					15	99.46 %
16a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		Ш
b	10% -facts-and-circumstances test	- <b>2022.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schodula A	(Form 990) 2023

332022 12-21-23

#### 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2		
3a		
3b		
3с		
4 -		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
J		
7		
8		
9a		
Ja		
9b		
		_
9с		
10a		
401-		
10b		

Par	t IV   Supporting Organizations (continued)			
	· · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

FEED MY STARVING CHILDREN, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
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	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3						
4	Amounts paid to acquire exempt-use assets		4						
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5						
_6	Other distributions (describe in Part VI). See instructions.		6						
_7_	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2023 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
_3_	Excess distributions carryover, if any, to 2023								
<u>a</u>	From 2018								
<u>b</u>	From 2019								
c	From 2020								
d	From 2021								
<u>e</u>	From 2022								
<u>f</u>	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2023 distributable amount								
<u>_i</u>	Carryover from 2018 not applied (see instructions)								
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2023 distributable amount								
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
_8_	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
<u>a</u>	Excess from 2022  Excess from 2023								

Schedule A (Form 990) 2023

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

FE	ED MY STARVING CHILDREN, INC.	41-1601449					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•					
Special Rules							
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 7, line 1. Complete Parts I and II.	d that received from any one					
contributor, during literary, or educati	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fee 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF og requirements of Schedule B (Form 990).	• • • • • • • • • • • • • • • • • • • •					
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)					

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

FEED MY STARVING CHILDREN, INC.

41-1601449

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,500,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hame, address, and Zir 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TOTIOS MANIOUS MIN EII TT		Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FEED MY STARVING CHILDREN, INC. 41-1601449

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 3

Schedule B (Form 990) (2023)

Name of o	rganization			Employer identification number
FEED MY	STARVING CHILDREN, INC.			41-1601449
Part III		through <b>(e) and</b> the following line en haritable, etc., contributions of <b>\$1,000 o</b>	ntry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	f transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	f transferor to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	f transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	f transferor to transferee
	-			

### **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

Inspection

Name of the organization

FEED MY STARVING CHILDREN INC.

**Employer identification number** 

Pai	t I Organizations Maintaining Donor Advised		or Accounts Complete if the
. u	organization answered "Yes" on Form 990, Part IV, line		Omplete if the
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bollet daviesa tarias	(b) I dilab dila bilibi debedilib
1	Total number at end of year		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in v	liver that the accept hold in depart advisor	and friends
5	-	_	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		-
	for charitable purposes and not for the benefit of the donor or	, , ,	
Pai			Post IV line 7
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	- · · · · · · · · · · · · · · · · · · ·	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	-	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical trea		· · · · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	\$
	Assets included in Form 990, Part X		

332051 09-28-23

Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histori	ical Trea	sures, or	Other	Simila	r Assets	(contir	nued)	age –
3	Using the organization's acquisition, accession	n, and other record	ls, check ar	ny of the fol	lowing that i	make si	gnificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	C	d Lo	an or excha	inge prograr	m					
b	Scholarly research	•	Otl	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they	further the	organizatior	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or		•		•				_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the org	ganization a	nswered "Y	es" on F	orm 990,	Part IV, lii	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								7.,		٦
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tabl	le:					Amoun		
	5								Amoun		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
f Oo	Ending balance  Did the organization include an amount on Fo								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						•		_		] NO
Par											
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	(a) Current year	(b) Prio		(c) Two years			ears back	(e) Four	vears	back
12	Beginning of year balance	(-,	(-,	, ,	(-,		(,		(-,	<i>y</i>	
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
٠											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1a. c	column (a)) h	neld as:	ı					
– a	Board designated or quasi-endowment	one your one balanc	%	νοιαιτιίτ (α)) τ	ioid do.						
b	Permanent endowment	%	<b>—</b> ′°								
c											
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	ation that a	re held and	administere	d for the	Э				
	organization by:	· ·								Yes	No
	-								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	l "Yes" on Form 990	D, Part IV, lii	ne 11a. See	Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o	other	(b) Cost o	r other		ccumulate		(d) Boo	k value	е
		basis (investr	ment)	basis (o	ther)	dep	reciation				
1a	Land			2	214,200.					214,	200.
	Buildings			1,3	88,286.		341,		1,	046,	443.
	Leasehold improvements			4,7	64,822.		3,350,	203.	1,	414,	619.
d	Equipment	I		2,9	03,963.		2,573,			330,	
е	Other			1,7	26,841.		1,025,	180.		701,	661.

Schedule D (Form 990) 2023

3,707,722.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VIII   Investments - Other Securities	Schedule D (Form 990) 2023 FEED MY STARVING	CHILDREN, INC.		41-1601449 Page
(a) Description of security or category occusing name or secure)   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (1) Financial derivatives   (2) Closely held equity interests   (3) Other   (4)   (6)   (7)   (7)   (8)   (9)   (9)   (9)   (10)		·		
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (8) (B) (C) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests (3) Other (4) (5) (C) (D) (E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(1) Financial derivatives			
(B) (C) (D) (C) (D) (D) must equal form 990, Part X, line 12, cot. (B) (P) (C) (D) (D) must equal form 990, Part X, line 12, cot. (B) (D) Book value (D) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(2) Closely held equity interests			
(6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3) Other			
C    (D)   (E	(A)			
Complete   The program Related.   Comp	(B)			
(E) (F) (G) (H) Total. (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) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part XI 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 (a) Description (b) Book value (1) SECURITY DEPOSITS (a) Description (b) Book value (c) Total. (Col. (b) must equal Form 990, Part X, line 15, col. (B)) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(C)		1	
Col. (b) must equal Form 990, Part X, line 12, col. (B)   Part VIII   Investments - Program Related.	(D)			
(G) (H) Total. (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) 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 (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)			
(H) Total. (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	(F)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)				
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)				
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) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			44 - O Faura 000 Back V Bac 40	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (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 (a) Description (b) Book value (1) SECURITY DEPOSITS (2) ROU - OPERATING LEASES (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Total. (Federal income taxes (a) Description of liability (b) Book value (c) OPERATING LEASE LIABILITIES (d) Book value (d) Federal income taxes (e) OPERATING LEASE LIABILITIES (3) 3,988,66				
(2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (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 (a) B1, 79 (2) ROU - OPERATING LEASES (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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, 66) (3) (4)		(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (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 (a) Description (b) Book value (2) ROU - OPERATING LEASES (3, 299, 64) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (b) Book value (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (c) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (3, 988, 66) (3) (4)				
(4) (5) (6) (7) (8) (9) Total. (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 (a) Description (b) Book value  (1) SECURITY DEPOSITS (a) Description (b) Gook value (b) Gook value (c) Gook value (d) (d) (e) Gook value (e) Gook va				
(5) (6) (7) (8) (9) Total. (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 (a) Book value (2) ROU - OPERATING LEASES 3, 299, 64 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66 (3) (4)				
(6) (7) (8) (9) Total. (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 (3), 299, 64  (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (A) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (A) Description of liability (b) Book value  (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (3, 988, 66 (3) (4)				
(7)   (8)   (9)   (1)				
(8) (9) Total. (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 81,79  (2) ROU - OPERATING LEASES 3,299,64  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  A 3,381,43  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 3,988,66  (3) (4)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))   Part IX   Other Assets				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)     Part IX			+	
Part IX	· /			
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 81,79 (2) ROU - OPERATING LEASES 3,299,64 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66 (3) (4)				
(a) Description (b) Book value  (1) SECURITY DEPOSITS 81,79  (2) ROU - OPERATING LEASES 3,299,64  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66  (3)  (4)		on Form 990 Part IV line	11d See Form 990 Part X line 15	
(1)       SECURITY DEPOSITS       81,79         (2)       ROU - OPERATING LEASES       3,299,64         (3)       (4)       (5)         (6)       (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       3,381,43         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       3,988,66         (3)       (4)			Tru. Gee Form 990, Fart X, line 13.	(h) Book value
(2) ROU - OPERATING LEASES   3,299,64		ocaciiption		<del></del>
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66 (3) (4)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,666 (3) (4)				3,255,011
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66 (3) (4)				_
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66 (3) (4)				_
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (3) (4)				+
(8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability  (b) Book value  (1) Federal income taxes  (2) OPERATING LEASE LIABILITIES  3,988,66  (3) (4)				+
(9)  Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66  (3) (4)				
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  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 3,988,66  (3) (4)				
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 3,988,66  (3) (4)		(D))		3 381 438
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 3,988,66  (3) (4)	Part X Other Liabilities	(D))		5,002,100
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       3,988,66         (2) OPERATING LEASE LIABILITIES       3,988,66         (3)       (4)		on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
(1) Federal income taxes (2) OPERATING LEASE LIABILITIES 3,988,66 (3) (4)	(a) Description of liability	,,	,	
(2) OPERATING LEASE LIABILITIES 3,988,66 (3) (4)	" , ,			
(3) (4)				3 988 664
(4)	<u> </u>			1,222,002
				1

1.	(a) Description of hability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	3,988,664.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(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 X 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

Schedule D (Form 990) 2023

41-1601449

	if the organization answered "Yes" on Form 990				
. •	ns, and other support per audited financial state			1	96,784,046.
	d on line 1 but not on Form 990, Part VIII, line 12	1 1			
	ins (losses) on investments				
	and use of facilities		29,035,138.		
<b>c</b> Recoveries of price	or year grants				
<b>d</b> Other (Describe in	7	2d	1,674,147.		
e Add lines 2a throu	•			2e	30,709,285.
	rom line 1			3	66,074,761.
	d on Form 990, Part VIII, line 12, but not on line 1	1 1			
	ses not included on Form 990, Part VIII, line 7b				
<b>b</b> Other (Describe in	n Part XIII.)	4b			
c Add lines 4a and				4c	0.
5 Total revenue. Ad	<u>d lines 3 and 4c. (This must equal Form 990. Pai</u> iliation of Expenses per Audited Fina	t I. line 12.)	h Evnanasa nay F	5	66,074,761.
	if the organization answered "Yes" on Form 990		n Expenses per F	teturn	
		, raitiv, iiie iza.		1	105,232,796.
•	d on line 1 but not on Form 990, Part IX, line 25:				,,
	and use of facilities	2a	29,458,952.		
			25,130,332.	-	
	nents				
	N Doct VIII )		1,674,147.	-	
•	Part XIII.)		· · · · · · · · · · · · · · · · · · ·	20	31,133,099.
	ugh 2d			2e 3	74,099,697.
	rom line 1			3	74,055,057.
	d on Form 990, Part IX, line 25, but not on line 1:	1 1			
	ses not included on Form 990, Part VIII, line 7b				
	Part XIII.)			4.	0
c Add lines 4a and				4c 5	74,099,697.
Part XIII Supplen	<u>dd lines 3 and 4c. <i>(This must equal Form</i> 990, <i>F</i> nental Information</u>	<u>'art I, line 18.)</u>		5	74,000,007.
		as 1s and 4. Dort IV lines 1	a and Oh: Dort V line 4	. Dort V	line Or Dort VI
•	s required for Part II, lines 3, 5, and 9; Part III, line rt XII, lines 2d and 4b. Also complete this part to			, Part X,	iirie 2, Part XI,
PART X, LINE 2:					
FART A, DINE 2:					
MANAGEMENT EVALUAT	TED THE ORGANIZATION'S TAX POSITIONS	AND CONCLUDED THERE			
		,			
WERE NO UNCERTAIN	TAX POSITIONS (INCLUDING UNRELATED	BUSINESS INCOME)			
THAT REQUIRE ADJUS	STMENT TO THE FINANCIAL STATEMENTS.				
·~					
PART XI, LINE 2D -	OTHER ADJUSTMENTS:				
COST OF SALES - MA	ARKET PLACE	1 583 74	2.		
		1,583,74			
SPECIAL EVENT EXPE	NSE	76,78	3.		
TOGG ON DIGDOGAL (	DE AGGERG				
LOSS ON DISPOSAL C	OF ASSETS	13,62	2.		
TOTAL TO SCHEDULE	D, PART XI, LINE 2D	1,674,14	7.		
PART XII, LINE 2D	- OTHER ADJUSTMENTS:				

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** FEED MY STARVING CHILDREN, INC. 41-1601449 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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region (b) Number of expenditures employees, offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, MEAL AID, FREIGHT, ARUBA, BAHAMAS PROGRAM SERVICES SUPPLIES, FUNDS 23,914,490. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, 4,862,560. CAMBODIA PROGRAM SERVICES MEAL AID, FREIGHT, FUNDS 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. RUSSTA AND NEIGHBORING STATES -ARMENIA, AZERBIJAN, BELARUS . PROGRAM SERVICES MEAL AID 1,834,432. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, MEAL AID, FREIGHT, COLUMBIA, ECUADOR PROGRAM SERVICES 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 MEAL AID, FREIGHT, SUPPLIES, FUNDS PROGRAM SERVICES 11,767,163. FASO 0 0 44,200,198. 3 a Subtotal **b** Total from continuation 0 1,015,248. 0 sheets to Part I ...... c Totals (add lines 3a 45,215,446.

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

Schedule F (Form 990) 2023

and 3b)

Schedule F (Form 990)	FEED MY STAR	VING CHILDRE	N, INC.	41-1601449	Page 1
Part I Continuation	n of Activities	s 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.
Totals	<u> </u>				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						
			AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		28,112.	MEALS	MEAL COST
						,		
		SUB-SAHARAN AFRICA	AID	0.		707,795.	MEAT.S	MEAL COST
		III KI CII	1110			707,733.	MINES	HIMI COST
		SOUTH ASIA	3 TD	0.		218,411.	MENT	MEAT COCH
		SOUTH ASIA	AID	0.		210,411.	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

<sup>3</sup> Enter total number of other organizations or entities

Part II Continuation or	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), 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 &						
			AID	0.		135,538.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		162,646.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		54,215.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		136,543.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		170,134.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		220,127.	MEALS	MEAL COST
		EUROPE	AID	0.		55,219.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		27,108.	MEALS	MEAL COST

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &						
			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

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</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.		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 o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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		_		160 646		LTI. GOGT
		AFRICA	AID	0.		162,646.	MEALS	MEAL COST

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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)
		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.	MFAIG	MEAL COST
		I ACIT IC	AID.	0.		102,047.	НАПО	MEAN COST
		EUROPE	AID	0.		520,353.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			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 &				500 000		
		CARIBBEAN	AID	0.		578,728.	MEALS	MEAL COST
		CENTRAL AMERICA &						
		CARIBBEAN	AID	0.		56,539.	MEALS	MEAL COST

Part II Continuation o	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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 &						
			AID	0.		55,937.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		489,660.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		27,108.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		81,323.	MEALS	MEAL COST
		DUGGEN 6						
		RUSSIA & NEIGHBORING						
		STATES	AID	0.		447,837.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		667,043.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		81,323.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		27,108.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		15,490.	MEALS	MEAL COST

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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 &						
			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						
			AID	0.		82,327.	MEALS	MEAL COST
		EAST ASIA &						
			AID	0.		54,215.	MEALS	MEAL COST
						,		
		EUROPE	AID	0.		81,323.	MEALS	MEAL COST
						,		
		CENTRAL AMERICA & CARIBBEAN	AID	0.		383,237.	MENIC	MEAL COST
		CARIBBEAN	WID.	0.		303,237.	MEAUS	MEAN CODI
		CENTRAL AMERICA &				202 22-		
		CARIBBEAN	AID	0.		383,237.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		3,062,024.	MEALS	MEAL COST

Part II Continuation of	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	<b>(b)</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)
		EUROPE	AID	0.		167,523.	MEALS	MEAL COST
		GDVMDNI MEDIGA 6						
		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

Part II Continuation o	Grants and Other	Assistance to Organiza	tions or Entities Outside the	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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)
		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

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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 &						
			AID	0.		385,532.	MEALS	MEAL COST
		MIDDLE EAST &						
			AID	0.		108,431.	MEALS	MEAL COST
		SOUTH AMERICA	AID	0.		162,646.	MEALS	MEAL COST
		SUB-SAHARAN						
			AID	0.		164,368.	MEALS	MEAL COST
		RUSSIA & NEIGHBORING						
			AID	0.		81,323.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			FREIGHT	37,200.		0.		
		CENTRAL AMERICA &						
			FREIGHT	100,520.		0.		
		SUB-SAHARAN						
			FREIGHT	9,470.		0.		
		SUB-SAHARAN						
			FREIGHT	99,864.		0.		

Part II Continuation	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)		(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 &								
			FREIGHT	38,100.		0.				
		CENTRAL AMERICA &								
			FREIGHT	17,253.		0.				
		CENTRAL AMERICA &								
			FREIGHT	8,107.		0.				
				,						
		avn a.v								
		SUB-SAHARAN AFRICA	FUNDS	11,011.		0.				
				,						
		EAST ASIA & PACIFIC	FUNDS	10,769.		0.				
		FACIFIC	FONDS	10,705.		0.		<u> </u>		
		CENTRAL AMERICA & CARIBBEAN	FUNDS	10 224		0				
		CARIBBEAN	FUNDS	18,334.		0.				
		CENTRAL AMERICA &		0.000						
		CARIBBEAN	FUNDS	8,888.		0.		_		
		CENTRAL AMERICA &								
		CARIBBEAN	FUNDS	7,523.		0.		-		
		SUB-SAHARAN								
		AFRICA	FREIGHT	6,500.		0.				

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</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)
		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		6.500				
		AFRICA	FUNDS	6,500.		0.		
		CENTRAL AMERICA &	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
		CITTIDIAN	1110	0.		0,049.	111110	MINIO CODI

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	<b>(b)</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 &						
			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
		DIIGGT A. C						
		RUSSIA & NEIGHBORING						
		STATES	AID	0.		27,108.	MEALS	MEAL COST
		EUROPE	AID	0.		27,108.	MEALS	MEAL COST
		DUGGEN 6						
		RUSSIA & NEIGHBORING						
			AID	0.		27,968.	MEALS	MEAL COST
		EUROPE	AID	0.		27,108.	MEALS	MEAL COST

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	-
1 (a) Name of organization	<b>(b)</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)
		RUSSIA &						
		NEIGHBORING						
		STATES	AID	0.		135,539.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		72,287.	MEALS	MEAL COST
		CENTRAL AMERICA &						
			AID	0.		81,323.	MEALS	MEAL COST
						7 - 7 - 7 - 7		
		EAST ASIA &						
		PACIFIC	AID	0.		27,108.	MEALS	MEAL COST
		EAST ASIA &						
		PACIFIC	AID	0.		299,906.	MEALS	MEAL COST
		MIDDLE EAST &						
			AID	0.		27,108.	MEALS	MEAL COST
						,		
		MIDDLE EAST &				07.060		Lenn Godm
		NORTH AFRICA	AID	0.		27,968.	MEALS	MEAL COST
		SUB-SAHARAN						
		AFRICA	AID	0.		6,196.	MEALS	MEAL COST

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2023

Schedule F (FORM 990) 2025 The MT STRATES CHIRDREN, THE:	Page 5
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 FEED ING DESCRING (GGUOOL GUUDGU WILLIAM OUTDINGU TEG) NYD MEEUODG	
OF FEEDING PROGRAMS (SCHOOL, CHURCH, VILLAGE OUTREACH, ETC) AND METHODS	
OF DISMPIRITON (SERVED COOKED SIVEN OUR INCOOKED FMC) ARE COMPLEMED	
OF DISTRIBUTION (SERVED COOKED, GIVEN OUT UNCOOKED, ETC), ARE COMPLETED	
AS A PART OF THIS PRE-SCREENING PROCESS.	
THE TALL BUILDING TROUBS.	
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	
FEEDBACK TO FMSC IN THE FORM OF FICTORES, STORIES, AND/OR REPORTS ABOUT	
THE IMPACT OF THE FOOD ONCE THE DISTRIBUTION IS UNDERWAY. FMSC ANNUALLY	
INDICATE OF THE 100D ONCE THE DIDINIDUTION ID ONDERWALL, THE MARCHET	
ASSESSES DISTRIBUTION PARTNERS' PERFORMANCE.	

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Attach to Form 990 or Form 990-EZ

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 **Employer identification number** FEED MY STARVING CHILDREN, INC. 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. X Mail solicitations X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) INFINITY DIRECT - 13220 Yes No COUNTY ROAD 6 STE 200 Х CONSULTING & STRATEGY 2,330,531 12,000 2,318,531. MOORE, A SERIES LLC - 4200 PARLIAMENT PLACE STE 300 CREATIVE & STRATEGY Х 340,267 34,300 305,967. 2,670,798. 46,300, 2 624 498 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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

LHA 332081 09-13-23

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			23 MN GALA	'23 IL GALA	(total number)	col. <b>(c)</b> )
e			(event type)	(event type)	(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.
	4	Cash prizes				
σ	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	49,389.	59,987.		109,376.
	8	Entertainment				
	9	Other direct expenses		58,081.		104,972.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			214,348.
	11	Net income summary. Subtract line 10 from li				-170,303.
Pa	rt I		answered "Yes" on Form	ı 990, Part IV, line 19, or ı	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	a Dullack of cast and		I . n =
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
es	2	Cash prizes				
zxpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these s	states?		Yes No
~						
		ere any of the organization's gaming licenses re		-		Yes No
	_					
33208	2 09	D-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FEED MY STARVING CHILDREN, INC.	41-1601449	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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:		
а	n 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	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	unt	
	of gaming revenue retained by the third party \$		
c	Fig. 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		
	Mandatory distributions:		
а	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state of the stat		140
	organization's own exempt activities during the tax year \$	ine	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
, <b>-</b> ,			
(I)	NAME OF FUNDRAISER: INFINITY DIRECT		
/ T \	ADDRESS OF FUNDRAISER:		
· + /	IDDALOO OL LONDRATORK.		
132	20 COUNTY ROAD 6 STE 200, PLYMOUTH, MN 55441-3832		
	, ,		
, <del>.</del> .	NINE OF THEFT WOODS IN SERVICE TO		
( T )	NAME OF FUNDRAISER: MOORE, A SERIES LLC		
(I)	ADDRESS OF FUNDRAISER: 4200 PARLIAMENT PLACE STE 300, LANHAM, MD 20706		

#### SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection **Employer identification number** 

FEED MY STARVING CHILDREN, INC. 41-1601449 **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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

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

FEED MY STARVING CHILDREN, INC.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 41-1601449

Par	1tI   Ty∣	pes of Property							
			(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	terminina		
			applicable	contributions or	amounts reported on	noncash contribu			;
				items contributed	Form 990, Part VIII, line 1g				
1		of art							
2		ical treasures							
3		onal interests							
4		publications							
5		nd household goods							
6		ther vehicles							
7		planes							
8		property							
9		Publicly traded	Х	141	1,222,686.	FMV			
10	Securities	Closely held stock							
11		Partnership, LLC, or							
12		Minoellanagus							
13		- Miscellaneous onservation contribution -							
13	Historic str	•							
14		onservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17									
18		e - Other							
19		ston/							
20		ntorymedical supplies							
21									
22		artifacts							
23		pecimens							
24		cal artifacts							
25	Other (	EQUIPMENT/SUPPL )	х	82	52,195.	FMV			
26	Other (	AUCTION ITEMS	X	3	20,116.				
27	Other (	)			,				
28	Other (								
29		Forms 8283 received by the organi	zation during	the tax vear for co	ontributions				
		he organization completed Form 82	-						
	101 11110111	ne ergamzation completed i emi ez	.00, 1 a. 1 7, 2	onee menious			Y	es	No
30a	During the	year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throug	nh 28 that it			110
004		for at least 3 years from the date of							
		rposes for the entire holding period	_		or for croquired to be deed		30a		Х
b		escribe the arrangement in Part II.	•						
31		_	policy that re	equires the review o	of any nonstandard contribut	tions?	31 X		
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
<u>u</u>	contributio	•		_	•		32a		х
b		escribe in Part II.					524		
33	,	nization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked.			
-	describe in	·	.S.G.IIII (0) 10	a type of property	io. Willon column (a) is offer	J.,			
	accornoc III	i with							

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

## SCHEDULE O (Form 990)

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 for the latest information.

2023 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 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.

AWARENESS IN THEIR OWN COMMUNITIES.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

**Employer identification number** Name of the organization FEED MY STARVING CHILDREN, INC. 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.

<u>Schedule O (Form 990) 2023</u> Page **2** 

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

Schedule O (Form 990) 2023 Page **2** 

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	

Schedule O (Form 990) 2023