

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization FEEDING AMERICA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 35 EAST WACKER, SUITE 2000 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601-2200 <b>F</b> Name and address of principal officer: CLAIRE BABINEAUX-FONTENOT SAME AS C ABOVE	<b>D</b> Employer identification number 36-3673599 <b>E</b> Telephone number 312-263-2303 <b>G</b> Gross receipts \$ 2,879,357,008. <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 <b>J</b> Website: ▶ WWW.FEEDINGAMERICA.ORG <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ <b>L</b> Year of formation: 1988 <b>M</b> State of legal domicile: AZ		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	326
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	207
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,754,138,903.	2,756,779,556.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,606,999.	22,629,765.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,524,206.	2,460,157.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,363,370.	49,751,174.
	<b>12</b>		2,827,633,478.	2,831,620,652.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,730,478,718.	2,729,528,069.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,275,470.	35,757,466.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	3,658,114.	3,592,191.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,143,306.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,725,922.	55,094,879.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,826,138,224.	2,823,972,605.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,495,254.	7,648,047.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	148,826,212.	156,975,013.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	18,181,684.	18,664,170.
<b>22</b>		130,644,528.	138,310,843.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer CLAIRE BABINEAUX-FONTENOT, CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name REBEKUH ELEY Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01247672 Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325 Firm's address ▶ 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606 Phone no. 312-634-3400	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**FEEDING AMERICA**

36-3673599

Name and title of officer

**CLAIRE BABINEAUX-FONTENOT**

CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,831,620,652.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RSM US LLP to enter my PIN 60618  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature  Date 3/4/20

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

15911660618

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date 2/28/20

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FEEDING AMERICA'S MISSION IS TO FEED AMERICA'S HUNGRY THROUGH A NATIONWIDE NETWORK OF FOOD BANKS AND ENGAGE OUR COUNTRY IN THE FIGHT TO END HUNGER.

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

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

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

4a (Code: ) (Expenses \$ 2,697,781,044. including grants of \$ 2,669,454,336. ) (Revenue \$ 16,088,992. ) FOOD PROCUREMENT - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 69,770,254. including grants of \$ 60,073,733. ) (Revenue \$ 6,540,773. ) MEMBER SERVICES - SEE SCHEDULE O

4c (Code: ) (Expenses \$ 6,563,308. including grants of \$ ) (Revenue \$ ) PUBLIC AWARENESS AND EDUCATION - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,914,706. including grants of \$ ) (Revenue \$ -188,058. )

4e Total program service expenses 2,785,029,312.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PAUL HENRYS - 312-263-2303 35 EAST WACKER, SUITE 2000, CHICAGO, IL 60601-2200

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH MONDA CHAIR	1.00 0.00	X					0.	0.	0.	
(2) STEVEN BARR DIRECTOR	1.00 0.00	X					0.	0.	0.	
(3) ROBERT GREENSTEIN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(4) JIM KALLMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(5) KATE MAEHR DIRECTOR	1.00 0.00	X					0.	0.	0.	
(6) BILL MCMAHON (UNTIL 10/18) DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) BRUCE MCPHERON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) VIREK MURTHY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) SCOTT NEAL DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) SHAWN O'GRADY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) GARY RODKIN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) JOHN SAYLES DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) ERIN SHARP DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) KELVIN TAKETA DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) TOM VILSACK DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) MATTHEW E. WINTER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) SCOTT YOUNG DIRECTOR	1.00 0.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAHSAAN G. BERNARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(19) CLAIRE BABINEAUX-FONTENOT CEO (AS OF 10/18)	40.00 0.00			X			206,501.	0.	13,865.	
(20) PAUL HENRYS TREASURER	40.00 0.00			X			363,244.	0.	48,861.	
(21) CLAIRE WELLINGTON SECRETARY	40.00 0.00			X			222,713.	0.	35,366.	
(22) MATTHEW KNOTT (UNTIL 5/19) PRESIDENT	40.00 0.00				X		511,426.	0.	50,416.	
(23) CATHERINE DAVIS CHIEF MARKETING & COMM. OFFICER	40.00 0.00				X		315,747.	0.	28,419.	
(24) ANDREW WILSON CHIEF DEVELOPMENT OFFICER	40.00 0.00				X		258,777.	0.	46,093.	
(25) MATT HAYES CHIEF HR OFFICER	40.00 0.00				X		253,853.	0.	49,707.	
(26) KATHERINE LEONE CHIEF GOVERNMENT RELATIONS OFFICER	40.00 0.00				X		282,337.	0.	56,317.	
<b>1b Sub-total</b>							2,414,598.	0.	329,044.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,973,322.	0.	278,545.	
<b>d Total (add lines 1b and 1c)</b>							5,387,920.	0.	607,589.	

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 103

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
INNERWORKINGS 7503 SOLUTION CENTER, CHICAGO, IL 60677	PRINTING & PRODUCTION	3,212,567.
PLUSMEDIA DIGITAL LLC P.O. BOX 3949, DANBURY, CT 06813	MARKETING & ADVERTISING	1,956,506.
THE ADVERTISING COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	ADVERTISING	1,628,261.
THOMPSON, HABIB & DENISON, INC., 80 HAYDEN AVENUE, SUITE 300, LEXINGTON, MA 02421	CONSULTING & RESEARCH	1,252,161.
ROUNDCORNER, INC. P.O. BOX 191206, SAN FRANCISCO, CA 94119	IT CRM CONSULTING	1,193,886.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 45

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Carol Medlin, William Thomas, Ami McReynolds, John Vega, Nancy Curby, Daniel Nisbet, Elizabeth Nielsen, Ronald Martin, Diana Aviv, and Andrea Yao.

Total to Part VII, Section A, line 1c ..... 2,973,322. 278,545.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,756,779,556.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,644,151,273.				
	<b>h Total.</b> Add lines 1a-1f .....		2,756,779,556.				
<b>Program Service Revenue</b>	<b>2 a</b> FOOD PROCUREMENT REV.	<b>Business Code</b>					
		900099	16,088,992.	16,088,992.			
	<b>b</b> MEMBER FEES	900099	5,380,719.	5,380,719.			
	<b>c</b> CONFERENCE REVENUE	900099	1,160,054.	1,160,054.			
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		22,629,765.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,030,183.			2,030,183.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		49,693,518.			49,693,518.	
	<b>6 a</b> Gross rents .....	(i) Real	256,472.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	318,528.				
		<b>c</b> Rental income or (loss) .....	-62,056.				
	<b>d</b> Net rental income or (loss) .....		-62,056.			-62,056.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	565,892.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	135,918.				
		<b>c</b> Gain or (loss) .....	429,974.				
	<b>d</b> Net gain or (loss) .....		429,974.			429,974.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	46,727,425.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	47,281,910.				
	<b>c</b> Net income or (loss) from sales of inventory .....		-554,485.	-554,485.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> LEGAL SETTLEMENTS		900099	307,770.			307,770.	
	<b>b</b> PUB. & MATERIALS FEE	900099	223,147.	223,147.			
	<b>c</b> .....						
	<b>d</b> All other revenue .....	900099	143,280.	143,280.			
<b>e Total.</b> Add lines 11a-11d .....			674,197.				
<b>12 Total revenue.</b> See instructions .....			2,831,620,652.	22,441,707.	0.	52,399,389.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,729,523,069.	2,729,523,069.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	5,000.	5,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	5,609,967.	2,065,801.	3,143,860.	400,306.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	23,685,457.	15,372,147.	1,618,174.	6,695,136.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,352,767.	841,564.	143,339.	367,864.
<b>9</b> Other employee benefits .....	3,001,695.	1,783,425.	565,831.	652,439.
<b>10</b> Payroll taxes .....	2,107,580.	1,252,613.	360,399.	494,568.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	52,400.		52,400.	
<b>c</b> Accounting .....	184,609.		184,609.	
<b>d</b> Lobbying .....	440,862.	440,862.		
<b>e</b> Professional fundraising services. See Part IV, line 17	3,592,191.			3,592,191.
<b>f</b> Investment management fees .....	135,308.		135,308.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,925,321.	5,163,020.	1,951,633.	2,810,668.
<b>12</b> Advertising and promotion .....	3,645,800.	1,253,932.		2,391,868.
<b>13</b> Office expenses .....	687,269.	511,448.	74,330.	101,491.
<b>14</b> Information technology .....	3,968,578.	2,495,855.	347,422.	1,125,301.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,148,071.	1,287,123.	248,376.	612,572.
<b>17</b> Travel .....	2,399,499.	1,805,992.	312,124.	281,383.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,049,960.	883,612.	111,731.	54,617.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,864,809.	824,742.	321,789.	718,278.
<b>23</b> Insurance .....	162,516.	86,162.	35,582.	40,772.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRODUCE	15,368,083.	15,364,310.	3,614.	159.
<b>b</b> POSTAGE & PRINTING	10,405,965.	1,622,852.	56,757.	8,726,356.
<b>c</b> DISASTER PURCH. & TRANS	2,178,400.	2,171,274.	3,225.	3,901.
<b>d</b> PUBLICATIONS & MEMBERSH	147,510.	94,157.	45,982.	7,371.
<b>e</b> All other expenses	329,919.	180,352.	83,502.	66,065.
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,823,972,605.	2,785,029,312.	9,799,987.	29,143,306.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	65,364,833.	<b>1</b>	70,483,388.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	28,039,446.	<b>3</b>	29,110,735.
	<b>4</b> Accounts receivable, net .....	7,835,871.	<b>4</b>	6,592,123.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	100,163.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	1,156,127.	<b>9</b>	768,927.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,378,006.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,301,168.		
	<b>11</b> Investments - publicly traded securities .....	7,677,592.	<b>10c</b>	6,076,838.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	38,025,692.	<b>11</b>	43,449,200.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	36,445.	<b>12</b>	35,228.
	<b>14</b> Intangible assets .....	495,000.	<b>13</b>	348,750.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	95,043.	<b>15</b>	109,824.	
	148,826,212.	<b>16</b>	156,975,013.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,848,059.	<b>17</b>	7,012,710.
	<b>18</b> Grants payable .....	825,185.	<b>18</b>	5,176,073.
	<b>19</b> Deferred revenue .....	2,609,043.	<b>19</b>	2,982,252.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	801,001.	<b>21</b>	887,394.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,098,396.	<b>25</b>	2,605,741.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	18,181,684.	<b>26</b>	18,664,170.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	39,649,590.	<b>27</b>	43,813,029.
	<b>28</b> Temporarily restricted net assets .....	89,107,829.	<b>28</b>	92,590,488.
	<b>29</b> Permanently restricted net assets .....	1,887,109.	<b>29</b>	1,907,326.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	130,644,528.	<b>33</b>	138,310,843.	
<b>34</b> Total liabilities and net assets/fund balances .....	148,826,212.	<b>34</b>	156,975,013.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,831,620,652.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,823,972,605.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,648,047.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	130,644,528.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	487,643.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-469,375.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	138,310,843.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2149634703.	2375635807.	2654090409.	2754033469.	2756779556.	12690173944.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2149634703.	2375635807.	2654090409.	2754033469.	2756779556.	12690173944.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7141965538.
<b>6 Public support.</b> Subtract line 5 from line 4.						5548208406.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	2149634703.	2375635807.	2654090409.	2754033469.	2756779556.	12690173944.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	27,680,144.	35,878,522.	39,260,162.	48,496,151.	51,980,173.	203,295,152.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					307,770.	307,770.
<b>11 Total support.</b> Add lines 7 through 10						12893776866.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	357,020,507.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	43.03 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	43.39 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**Part VI**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LEGAL SETTLEMENTS

2018 AMOUNT: \$ 307,770.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2018

Name of the organization

FEEDING AMERICA

Employer identification number

36-3673599

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>FEEDING AMERICA</b>	<b>Employer identification number</b>  36-3673599
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 1,036,735,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 186,693,066.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 178,721,490.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 154,106,466.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 151,958,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 140,974,181.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>FEEDING AMERICA</b>	<b>Employer identification number</b>  36-3673599
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 94,716,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 61,132,094.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FEEDING AMERICA</b>	<b>Employer identification number</b>  36-3673599
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 1,023,798,096.	06/30/19
2	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 186,693,066.	06/30/19
3	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 178,721,490.	06/30/19
4	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 154,106,466.	06/30/19
5	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 150,958,797.	06/30/19
6	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 140,974,181.	06/30/19

Name of organization  <b>FEEDING AMERICA</b>	<b>Employer identification number</b>  36-3673599
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 93,141,748.	06/30/19
8	FOOD AND GROCERY PRODUCTS _____ _____ _____	\$ 61,132,094.	06/30/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>FEEDING AMERICA</b>	Employer identification number  36-3673599
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">FEEDING AMERICA</p>	Employer identification number <p style="text-align: center;">36-3673599</p>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		89,792.
<b>d</b> Mailings to members, legislators, or the public? .....	X		33,656.
<b>e</b> Publications, or published or broadcast statements? .....	X		0.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		3,104.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		259,629.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		6,521.
<b>i</b> Other activities? .....	X		393,409.
<b>j</b> Total. Add lines 1c through 1i .....			786,111.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

FEDERAL AND STATE FOOD ASSISTANCE IS CRITICAL TO ENDING HUNGER. FEEDING

AMERICA WORKS HARD TO PROTECT AND PROMOTE GOVERNMENT PROGRAMS THAT HELP

FAMILIES FACING HUNGER MEET THEIR BASIC NUTRITIONAL NEEDS. FEEDING

AMERICA ADVOCATES FOR LOCAL AND NATIONAL PROGRAMS, INCLUDING FEDERAL

NUTRITION PROGRAMS AND CHARITABLE GIVING INCENTIVES, THAT HELP FAMILIES

**Part IV** Supplemental Information *(continued)*

AND HOUSEHOLDS FACING HUNGER. FEEDING AMERICA HAS PAID STAFF TO SUPPORT

THESE EFFORTS, INCURS ADMINISTRATIVE COSTS, AND ALSO INCURS EXPENSES

FOR LEGISLATIVE CONSULTANTS.



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

2018

Open to Public Inspection

Name of the organization FEEDING AMERICA Employer identification number 36-3673599

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,905,000.	27,741,000.	19,758,153.	19,786,853.	19,727,638.
b Contributions	4,336,000.	4,308,000.	7,302,000.	191,000.	295,000.
c Net investment earnings, gains, and losses	1,841,000.	1,262,646.	1,678,049.	64,175.	-13,602.
d Grants or scholarships					
e Other expenditures for facilities and programs		70,793.			196,662.
f Administrative expenses	281,000.	335,853.	997,202.	283,875.	25,521.
g End of year balance	38,801,000.	32,905,000.	27,741,000.	19,758,153.	19,786,853.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  93.30 %
- b Permanent endowment  4.90 %
- c Temporarily restricted endowment  1.80 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,291,806.	2,336,406.	1,955,400.
d Equipment		286,305.	286,305.	0.
e Other		8,799,895.	4,678,457.	4,121,438.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,076,838.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) CURRENT PORTION OF LEASES PAYABLE	514,170.
(3) LT PORTION OF LEASES PAYABLE	2,052,717.
(4) LEASE DEPOSIT	38,854.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,605,741.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	2,879,559,564.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	487,643.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	450,233.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-464,094.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	473,782.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2,879,085,782.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	135,308.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-47,600,438.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-47,465,130.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	2,831,620,652.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	2,871,893,249.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	450,233.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	47,605,719.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	48,055,952.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2,823,837,297.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	135,308.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	135,308.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	2,823,972,605.

**Part XIII Supplemental Information.**

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

PART IV, LINE 2B:

FEEDING AMERICA ACCEPTS CHARITABLE GIFT ANNUITIES FROM DONORS. CHARITABLE

GIFT ANNUITIES ARE CONTRACTS UNDER WHICH A CHARITY, IN RETURN FOR A

TRANSFER OF CASH, MARKETABLE SECURITIES OR OTHER ASSETS, AGREES TO PAY A

FIXED AMOUNT OF MONEY TO ONE OR TWO INDIVIDUALS, FOR THEIR LIFETIME. THE

ORGANIZATION MAINTAINS THESE LIABILITIES AS REQUIRED AND REGULATED BY THE

RESPECTIVE STATES' INSURANCE LAWS INCLUDING SPECIFIED RESERVES. THE

LIABILITY IS ADJUSTED ANNUALLY BASED ON THE ACGA PUBLISHED RATES.

PART V, LINE 4:

FEEDING AMERICA'S ENDOWMENT CONSISTS OF 13 INDIVIDUAL FUNDS AND ONE BOARD

DESIGNATED FUNDS. PERMANENT ENDOWMENTS ARE DONOR-RESTRICTED FUNDS

**Part XIII** Supplemental Information (continued)

ESTABLISHED TO SUPPORT PROGRAM SERVICES AND MANAGEMENT AND GENERAL  
 EXPENSES. BOARD DESIGNATED FUNDS WERE CREATED TO PROVIDE FINANCIAL  
 STABILITY, RESOURCES FOR GROWTH AND CONTINGENCIES FOR FUTURE DISASTERS.

## PART X, LINE 2:

FEEDING AMERICA ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH  
 ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC TOPIC 740  
 ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE  
 CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER ASC TOPIC 740, FEEDING AMERICA MUST RECOGNIZE THE TAX BENEFIT FROM  
 AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX  
 POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED  
 ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN  
 THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE  
 LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING  
 REALIZED UPON ULTIMATE SETTLEMENT. FEEDING AMERICA DOES NOT HAVE A  
 LIABILITY FOR UNRECOGNIZED TAX BENEFITS, FOR THE REPORTING PERIODS  
 PRESENTED IN THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF GIFT ANNUITIES	-53,691.
WRITE-OFF OF BAD DEBT	-410,403.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-464,094.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

GROCERY PROGRAM EXPENSES	-47,281,910.
RENT EXPENSES	-318,528.

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

TOTAL TO SCHEDULE D, PART XI, LINE 4B -47,600,438.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GROCERY PROGRAM EXPENSES 47,281,910.

ACCRETION OF SUBLEASE 5,281.

RENT EXPENSES 318,528.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 47,605,719.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization <b>FEEDING AMERICA</b>	Employer identification number <b>36-3673599</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THOMPSON, HABIB & DENISON, INC. - 80 HAYDEN AVE., STE.	STRATEGY		X	17,162,192.	1,302,703.	15,859,489.
M&R STRATEGIC SERVICES, INC. - 1101 CONNECTICUT AVE., NW	STRATEGY		X	14,457,131.	515,362.	13,941,769.
PMX AGENCY, INC. - ONE WORLD TRADE CENTER, 63RD FL, NEW	STRATEGY AND ACQUISITION		X	799,458.	598,565.	200,893.
MDS COMMUNICATIONS - 545 JUANITA AVE., MESA, AZ 85210	TELEMARKETING		X	532,782.	534,671.	-1,889.
THE STELTER COMPANY - P.O. BOX 5228, DES MOINES, IA	ACQUISITION		X	0.	10,493.	-10,493.
SOCIAL CAPITAL, INC. - 980 N. MICHIGAN AVE., STE. 1610, AMERICAN CHARITIES - 14150	STRATEGY		X	0.	622,118.	-622,118.
NEWBROOK DR., STE. 110,	FUNDRAISING		X	0.	8,279.	-8,279.
<b>Total</b>				32,951,563.	3,592,191.	29,359,372.

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

AL, AK, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY  
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AR

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: THOMPSON, HABIB & DENISON, INC.

(I) ADDRESS OF FUNDRAISER: 80 HAYDEN AVE., STE. 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

1101 CONNECTICUT AVE., NW 7TH FL, WASHINGTON, DC 20036

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: PMX AGENCY, INC.

(I) ADDRESS OF FUNDRAISER:

ONE WORLD TRADE CENTER, 63RD FL, NEW YORK, NY 10007

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: P.O. BOX 5228, DES MOINES, IA 50305

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL, INC.

(I) ADDRESS OF FUNDRAISER:

980 N. MICHIGAN AVE., STE. 1610, CHICAGO, IL 60611

(I) NAME OF FUNDRAISER: AMERICAN CHARITIES

(I) ADDRESS OF FUNDRAISER:

14150 NEWBROOK DR., STE. 110, CHANTILLY, VA 20151

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

PMX AGENCY, INC.: ADDITIONAL PAYMENTS MADE TO PMX AGENCY, INC. FOR LIST

FEEES AND SHIPPING COSTS RELATED TO OUR FUNDRAISING PROGRAM TOTALED

\$153,373. FEEDING AMERICA REQUIRES THAT ALL INVOICES CLEARLY IDENTIFY THE

TYPE OF SERVICE BEING BILLED AND THE TYPE OF EXPENSE BEING REIMBURSED.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **FEEDING AMERICA** Employer identification number **36-3673599**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ROADRUNNER FOOD BANK, INC. 5840 OFFICE BLVD. NE ALBUQUERQUE, NM 87109-5819	85-0278525	501 (C) (3)	869,600.	21,992,583.	APR	FOOD	FIGHT HUNGER
HIGH PLAINS FOOD BANK 815 ROSS ST. AMARILLO, TX 79102-3431	75-1838348	501 (C) (3)	108,465.	3,387,068.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF ALASKA, INC. 2121 SPAR AVE. ANCHORAGE, AK 99501-1855	92-0073175	501 (C) (3)	264,769.	4,465,747.	APR	FOOD	FIGHT HUNGER
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30318-6658	58-1376648	501 (C) (3)	1,033,079.	63,253,592.	APR	FOOD	FIGHT HUNGER
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DR. AUGUSTA, GA 30909-4417	58-1466516	501 (C) (3)	284,535.	8,762,178.	APR	FOOD	FIGHT HUNGER
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR. AUSTIN, TX 78744-3123	74-2217350	501 (C) (3)	708,108.	23,141,695.	APR	FOOD	FIGHT HUNGER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 228.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD. BALTIMORE, MD 21227-4551	52-1135690	501 (C) (3)	719,888.	12,134,121.	APR	FOOD	FIGHT HUNGER
COMMUNITY FOOD BANK OF CENTRAL ALABAMA - 107 WALTER DAVIS DR. - BIRMINGHAM, AL 35209-2803	63-0837956	501 (C) (3)	312,881.	9,821,164.	APR	FOOD	FIGHT HUNGER
THE GREATER BOSTON FOOD BANK 70 S BAY AVE. BOSTON, MA 02118-2704	04-2717782	501 (C) (3)	657,213.	12,520,982.	APR	FOOD	FIGHT HUNGER
FOOD BANK FOR NEW YORK CITY 355 FOOD CENTER DR. BRONX, NY 10474-7000	13-3179546	501 (C) (3)	511,850.	3,224,447.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF WESTERN NEW YORK 91 HOLT ST. BUFFALO, NY 14206-2293	22-2470820	501 (C) (3)	245,233.	3,829,782.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD. PENNSAUKEN, NJ 08110-2303	22-2623089	501 (C) (3)	245,678.	2,023,967.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF METROLINA - 500 SPRATT ST., STE. B - CHARLOTTE, NC 28206-3235	56-1352593	501 (C) (3)	575,737.	33,201,705.	APR	FOOD	FIGHT HUNGER
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE RD. CHATTANOOGA, TN 37406-2306	62-0867645	501 (C) (3)	383,065.	9,654,781.	APR	FOOD	FIGHT HUNGER
GREATER CHICAGO FOOD DEPOSITORY 4100 W. 42ND PL. CHICAGO, IL 60632-3920	36-2971864	501 (C) (3)	1,813,924.	34,687,944.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREESTORE/FOODBANK, INC. 1250 TENNESSEE AVE. CINCINNATI, OH 45229	23-7122205	501 (C) (3)	306,939.	17,259,656.	APR	FOOD	FIGHT HUNGER
GREATER CLEVELAND FOODBANK, INC. 15500 S. WATERLOO RD. CLEVELAND, OH 44110-3800	34-1292848	501 (C) (3)	537,527.	11,914,914.	APR	FOOD	FIGHT HUNGER
CARE AND SHARE FOOD BANK 2605 PREAMBLE PT. COLORADO SPRINGS, CO 80915-1200	84-0731930	501 (C) (3)	330,300.	14,242,333.	APR	FOOD	FIGHT HUNGER
HARVEST HOPE FOOD BANK 2220 SHOP RD. COLUMBIA, SC 29201-5162	57-0725560	501 (C) (3)	708,614.	23,426,919.	APR	FOOD	FIGHT HUNGER
MID-OHIO FOODBANK 3960 BROOKHAM DR. GROVE CITY, OH 43123-9741	31-0865343	501 (C) (3)	631,822.	31,398,748.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE. - CONCORD, CA 94520	94-2418054	501 (C) (3)	691,946.	29,916,451.	APR	FOOD	FIGHT HUNGER
COASTAL BEND FOOD BANK 826 KRILL ST. CORPUS CHRISTI, TX 78408-2515	74-2234089	501 (C) (3)	597,709.	2,711,938.	APR	FOOD	FIGHT HUNGER
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LN. PLANO, TX 75075	75-1785357	501 (C) (3)	823,671.	33,799,031.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF THE ROCKIES 10700 E. 45TH AVE. DENVER, CO 80239-2906	84-0772672	501 (C) (3)	910,269.	62,963,545.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF IOWA 2220 E. 17TH ST. DES MOINES, IA 50316-2114	42-1177880	501 (C) (3)	300,472.	5,200,506.	APR	FOOD	FIGHT HUNGER
GLEANERS COMMUNITY FOOD BANK OF SE MI - 2131 BEAUFAIT ST. - DETROIT, MI 48207-3410	38-2156255	501 (C) (3)	468,376.	5,628,869.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVE. ELMIRA, NY 14903-1129	16-0755765	501 (C) (3)	68,242.	3,725,957.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF NW PENNSYLVANIA - 1507 GRIMM DR. - ERIE, PA 16501-1580	25-1405798	501 (C) (3)	153,455.	3,647,298.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER RD. FLINT, MI 48503-4221	38-2379678	501 (C) (3)	302,419.	7,187,825.	APR	FOOD	FIGHT HUNGER
TARRANT AREA FOOD BANK 2600 CULLEN ST. FT WORTH, TX 76107-1302	75-2052234	501 (C) (3)	642,162.	23,722,488.	APR	FOOD	FIGHT HUNGER
MOUNTAINEER FOOD BANK 484 ENTERPRISE DR. GASSAWAY, WV 26624-7888	55-0611100	501 (C) (3)	402,720.	10,730,577.	APR	FOOD	FIGHT HUNGER
FEEDING AMERICA WEST MICHIGAN FOOD BANK - 864 W. RIVER CENTER DR. NE - COMSTOCK PARK, MI 49321-8955	38-2439659	501 (C) (3)	265,939.	9,955,850.	APR	FOOD	FIGHT HUNGER
THE FOOD BANK OF WESTERN MASSACHUSETTS - 97 N. HATFIELD RD. - HATFIELD, MA 01038-0160	04-2751023	501 (C) (3)	181,837.	1,974,093.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII FOODBANK, INC. 2611 KILIHOU ST. HONOLULU, HI 96819-2021	99-0220699	501 (C) (3)	131,404.	9,006,408.	APR	FOOD	FIGHT HUNGER
THE HOUSTON FOOD BANK 535 PORTWALL ST. HOUSTON, TX 77029-1332	74-2181456	501 (C) (3)	2,825,549.	39,659,258.	APR	FOOD	FIGHT HUNGER
GLEANERS FOOD BANK OF INDIANA, INC. - 3737 WALDEMERE AVE. - INDIANAPOLIS, IN 46241-7234	35-1483868	501 (C) (3)	649,215.	17,808,088.	APR	FOOD	FIGHT HUNGER
HARVESTERS - THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVE. - KANSAS CITY, MO 64129-1744	43-1208665	501 (C) (3)	518,242.	21,013,561.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF EAST TENNESSEE - 136 HARVEST LN. - MARYVILLE, TN 37801-3930	44-7191151	501 (C) (3)	389,322.	11,441,829.	APR	FOOD	FIGHT HUNGER
REGIONAL FOOD BANK NORTHEASTERN NEW YORK - 965 ALBANY SHAKER RD. - LATHAM, NY 12110-1409	22-2470885	501 (C) (3)	275,167.	27,723,161.	APR	FOOD	FIGHT HUNGER
ARKANSAS FOODBANK 4301 W. 65TH ST. LITTLE ROCK, AR 72209-8507	71-0596734	501 (C) (3)	359,434.	16,631,881.	APR	FOOD	FIGHT HUNGER
LOS ANGELES REGIONAL FOOD BANK 1734 E. 41ST ST. VERNON, CA 90058-1502	95-3135646	501 (C) (3)	5,215,562.	41,621,528.	APR	FOOD	FIGHT HUNGER
DARE TO CARE 5803 FERN VALLEY RD. LOUISVILLE, KY 40228-1051	23-7345952	501 (C) (3)	245,591.	14,769,718.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH PLAINS FOOD BANK 5605 M.L.K. JR. BLVD. LUBBOCK, TX 79404	75-1904829	501 (C) (3)	90,984.	4,663,905.	APR	FOOD	FIGHT HUNGER
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N. LINDEN ST. - DUQUESNE, PA 15110-1097	25-1420599	501 (C) (3)	780,116.	10,645,467.	APR	FOOD	FIGHT HUNGER
MID-SOUTH FOOD BANK 3865 S. PERKINS RD. MEMPHIS, TN 38118	62-0803601	501 (C) (3)	552,561.	11,681,545.	APR	FOOD	FIGHT HUNGER
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023	59-2097520	501 (C) (3)	986,111.	47,065,614.	APR	FOOD	FIGHT HUNGER
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVE. MILWAUKEE, WI 53205-1261	39-1384593	501 (C) (3)	440,295.	25,860,173.	APR	FOOD	FIGHT HUNGER
FEEDING THE GULF COAST 5248 MOBILE SOUTH ST. THEODORE, AL 36582-1604	63-0821997	501 (C) (3)	1,061,539.	23,136,560.	APR	FOOD	FIGHT HUNGER
RIVER BEND FOODBANK 4010 KIMMEL DR. DAVENPORT, IA 52802-2404	36-3147342	501 (C) (3)	335,317.	15,018,259.	APR	FOOD	FIGHT HUNGER
MONTGOMERY AREA FOOD BANK INC 521 TRADE CENTER ST. MONTGOMERY, AL 36108-2107	63-0931846	501 (C) (3)	296,467.	15,941,353.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE RD. - NASHVILLE, TN 37228-1703	62-1049447	501 (C) (3)	538,613.	30,406,636.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT FOOD BANK 2 RESEARCH PKWY. WALLINGFORD, CT 06492-1929	06-1063025	501 (C) (3)	496,632.	8,699,462.	APR	FOOD	FIGHT HUNGER
SH FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA - 700 EDWARDS AVE. - NEW ORLEANS, LA 70123-3121	72-0956468	501 (C) (3)	412,520.	16,983,307.	APR	FOOD	FIGHT HUNGER
COMMUNITY FOODBANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205-2406	22-2423882	501 (C) (3)	521,890.	23,481,386.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF DELAWARE 222 LAKE DR. NEWARK, DE 19702	51-0258984	501 (C) (3)	364,656.	3,605,447.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF SOUTHEASTERN VIRGINIA PO BOX 1940 NORFOLK, VA 23501-1940	52-1219783	501 (C) (3)	303,603.	16,248,653.	APR	FOOD	FIGHT HUNGER
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 73137-0968	73-1100380	501 (C) (3)	1,009,596.	19,939,881.	APR	FOOD	FIGHT HUNGER
FOOD BANK FOR THE HEARTLAND 10525 J ST. OMAHA, NE 68127-1021	47-0637701	501 (C) (3)	328,765.	11,947,249.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE, CA 92618-2235	95-3033494	501 (C) (3)	1,296,176.	22,813,727.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - 411 MERCY DR. - ORLANDO, FL 32805-1019	59-2142315	501 (C) (3)	662,018.	68,640,205.	APR	FOOD	FIGHT HUNGER

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FOOD SHARE OF VENTURA COUNTY 4156 SOUTHBANK RD. OXNARD, CA 93036-1002	77-0018162	501 (C) (3)	358,411.	7,347,425.	APR	FOOD	FIGHT HUNGER
OREGON FOOD BANK 7900 NE 33RD DR. PORTLAND, OR 97211-1918	93-0785786	501 (C) (3)	417,129.	32,212,409.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA - 1924 CAPITAL BLVD. - RALEIGH, NC 27604-2147	56-1283426	501 (C) (3)	1,069,238.	57,434,342.	APR	FOOD	FIGHT HUNGER
FEED MORE (CENTRAL VIRGINIA FOOD BANK) - 1415 RHOADMILLER ST. - RICHMOND, VA 23220-1111	54-1150923	501 (C) (3)	368,120.	25,034,523.	APR	FOOD	FIGHT HUNGER
FEEDING AMERICA RIVERSIDE SAN BERNARDINO COUNTIES - 2950 JEFFERSON ST. B - RIVERSIDE, CA 92504-4360	33-0072922	501 (C) (3)	314,801.	23,359,600.	APR	FOOD	FIGHT HUNGER
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC RD. SALEM, VA 24153-6437	54-6057095	501 (C) (3)	208,437.	14,821,471.	APR	FOOD	FIGHT HUNGER
FOODLINK, INC. 1999 MOUNT READ BLVD. ROCHESTER, NY 14615-3700	22-2428304	501 (C) (3)	258,685.	4,641,480.	APR	FOOD	FIGHT HUNGER
SAN ANTONIO FOOD BANK 5200 ENRIQUE M BARRERA PKWY. SAN ANTONIO, TX 78227-2209	74-2122979	501 (C) (3)	919,382.	15,601,469.	APR	FOOD	FIGHT HUNGER
FEEDING SAN DIEGO 9455 WAPLES ST., STE. 135 SAN DIEGO, CA 92121-3916	95-1648184	501 (C) (3)	1,491,205.	19,183,639.	APR	FOOD	FIGHT HUNGER

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SF-MARIN FOOD BANKS 900 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94107-3446	94-1156855	501 (C) (3)	594,903.	5,400,132.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST OF SILICON VALLEY 4001 NORTH FIRST SAN JOSE, CA 95134	94-2614101	501 (C) (3)	1,181,682.	12,052,897.	APR	FOOD	FIGHT HUNGER
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 2501 E. PRESIDENT ST. - SAVANNAH, GA 31404-1101	58-1442013	501 (C) (3)	244,138.	7,082,341.	APR	FOOD	FIGHT HUNGER
FOOD LIFELINE 815 S. 96TH ST. SEATTLE, WA 98108-4934	91-1090450	501 (C) (3)	1,355,655.	55,654,595.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHERN NEVADA 550 ITALY DR. MCCARRAN, NV 89437	94-2924979	501 (C) (3)	279,665.	14,488,788.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST INLAND NORTHWEST 1234 E. FRONT AVE. SPOKANE, WA 99202-2148	23-7173826	501 (C) (3)	459,125.	19,482,903.	APR	FOOD	FIGHT HUNGER
CENTRAL ILLINOIS FOODBANK PO BOX 8228 SPRINGFIELD, IL 62791-8228	37-1106465	501 (C) (3)	329,190.	3,942,406.	APR	FOOD	FIGHT HUNGER
ST. LOUIS AREA FOODBANK 70 CORPORATE WOODS DR. BRIDGETON, MO 63044-3806	43-1253102	501 (C) (3)	627,376.	25,200,161.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE. SAINT PAUL, MN 55109-2020	23-7417654	501 (C) (3)	792,478.	71,105,021.	APR	FOOD	FIGHT HUNGER

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CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD. HARRISBURG, PA 17109-5929	23-2202250	501 (C) (3)	689,281.	19,812,737.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND RD. SYRACUSE, NY 13209-9712	16-1064233	501 (C) (3)	292,735.	5,774,168.	APR	FOOD	FIGHT HUNGER
FEEDING TAMPA BAY 4702 TRANSPORT DR., BLDG. 6 TAMPA, FL 33605-5940	59-2116576	501 (C) (3)	949,665.	60,269,874.	APR	FOOD	FIGHT HUNGER
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 S. COUNTRY CLUB RD. - TUCSON, AZ 85713	51-0192519	501 (C) (3)	859,209.	10,727,600.	APR	FOOD	FIGHT HUNGER
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA - 1304 N. KENOSHA AVE. - TULSA, OK 74106-5940	73-1184980	501 (C) (3)	338,094.	20,651,144.	APR	FOOD	FIGHT HUNGER
BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL RD. VERONA, VA 24482-2658	52-1202644	501 (C) (3)	339,959.	16,375,223.	APR	FOOD	FIGHT HUNGER
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANTIC AVE. PROVIDENCE, RI 02907-3150	05-0395601	501 (C) (3)	259,813.	1,682,702.	APR	FOOD	FIGHT HUNGER
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE. NE WASHINGTON, DC 20017-2313	52-1167581	501 (C) (3)	714,564.	15,412,495.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF SANTA CRUZ COUNTY - 800 OHLONE PKWY. - WATSONVILLE, CA 95076-7005	77-0326685	501 (C) (3)	114,531.	313,845.	APR	FOOD	FIGHT HUNGER

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SECOND HARVEST FB OF NORTHWEST NORTH CAROLINA - 3655 REED ST. - WINSTON SALEM, NC 27107-5428	58-1457912	501 (C) (3)	477,236.	37,514,289.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF WEST CENTRAL TEXAS 5505 N. 1ST ST. ABILENE, TX 79603-6426	75-1888192	501 (C) (3)	111,886.	1,204,255.	APR	FOOD	FIGHT HUNGER
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY. AKRON, OH 44307-2234	34-1369388	501 (C) (3)	352,266.	17,101,186.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA - 6621 N. OLD STATE RD. 3 - MUNCIE, IN 47303	73-5035100	501 (C) (3)	92,273.	3,943,994.	APR	FOOD	FIGHT HUNGER
MANNA FOOD BANK 627 SWANNANOA RIVER RD. ASHEVILLE, NC 28805-2445	58-1514800	501 (C) (3)	332,189.	7,311,557.	APR	FOOD	FIGHT HUNGER
SOUTH MICHIGAN FOOD BANK 5451 WAYNE RD. BATTLE CREEK, MI 49037-7327	38-2445948	501 (C) (3)	155,840.	4,846,038.	APR	FOOD	FIGHT HUNGER
SH FOOD BANK OF LEHIGH VALLEY & NE PENNSYLVANIA - 6969 SILVER CREST RD. - NAZARETH, PA 18064-9747	23-1669589	501 (C) (3)	185,988.	3,328,875.	APR	FOOD	FIGHT HUNGER
THE IDAHO FOODBANK 3562 S. TK AVE. BOISE, ID 83705-5278	82-0425400	501 (C) (3)	167,698.	12,110,723.	APR	FOOD	FIGHT HUNGER
COMMUNITY FOOD SHARE 650 S. TAYLOR AVE., STE. C LOUISVILLE, CO 80027-3071	74-2227731	501 (C) (3)	178,479.	4,739,766.	APR	FOOD	FIGHT HUNGER

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NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134-3587	36-3203648	501 (C) (3)	1,206,977.	63,556,806.	APR	FOOD	FIGHT HUNGER
FIND FOOD BANK, INC. 83775 CITRUS AVE. INDIO, CA 92202-2507	33-0006007	501 (C) (3)	327,616.	10,372,057.	APR	FOOD	FIGHT HUNGER
HACAP FOOD RESERVOIR 1515 HAWKEYE DR. HIAWATHA, IA 52233-1102	42-0898405	501 (C) (3)	97,687.	2,048,085.	APR	FOOD	FIGHT HUNGER
THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI - 2101 VANDIVER DR., STE. B - COLUMBIA, MO 65202-1910	43-1238934	501 (C) (3)	201,249.	28,601,236.	APR	FOOD	FIGHT HUNGER
FEEDING THE VALLEY FOOD BANK 5928 COCA COLA BLVD. COLUMBUS, GA 31908-8904	58-1498131	501 (C) (3)	180,624.	3,750,891.	APR	FOOD	FIGHT HUNGER
NORTH COUNTRY FOOD BANK, INC. 424 N. BROADWAY, STE. A CROOKSTON, MN 56716-3034	41-1459758	501 (C) (3)	54,527.	1,930,643.	APR	FOOD	FIGHT HUNGER
THE FOODBANK, INC. 56 ARMOR PL. DAYTON, OH 45417-1187	52-7102060	501 (C) (3)	201,199.	6,087,012.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF THE ALBEMARLE 109 TIDEWATER WAY ELIZABETH CITY, NC 27909-6765	56-1341658	501 (C) (3)	137,636.	3,813,267.	APR	FOOD	FIGHT HUNGER
FEEDING AMERICA, KENTUCKY'S HEARTLAND - 313 PETERSON DR. - ELIZABETHTOWN, KY 42701	61-1043635	501 (C) (3)	128,472.	5,620,281.	APR	FOOD	FIGHT HUNGER

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TRI-STATE FOOD BANK 801 E. MICHIGAN ST. EVANSVILLE, IN 47711-5631	35-1539870	501 (C) (3)	99,431.	3,527,047.	APR	FOOD	FIGHT HUNGER
SHARED HARVEST FOODBANK 5901 DIXIE HWY. FAIRFIELD, OH 45014-4207	31-1096571	501 (C) (3)	160,780.	4,023,928.	APR	FOOD	FIGHT HUNGER
COMMUNITY FOOD WAREHOUSE OF MERCER COUNTY - 109 S. SHARPSVILLE AVE., STE. A - SHARON, PA 16146-1817	25-1446242	501 (C) (3)	51,086.	343,007.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF SE NORTH CAROLINA - PO BOX 753 - FAYETTEVILLE, NC 28302-0753	56-0845795	501 (C) (3)	538,031.	11,468,045.	APR	FOOD	FIGHT HUNGER
COMMUNITY HARVEST FOOD BANK OF NE INDIANA - 999 E. TILLMAN RD. - FORT WAYNE, IN 46816-1973	31-1100607	501 (C) (3)	114,343.	9,728,812.	APR	FOOD	FIGHT HUNGER
FREDERICKSBURG AREA FOOD BANK 3631 LEE HILL DR. FREDERICKSBURG, VA 22408-7354	54-1255013	501 (C) (3)	118,466.	2,393,439.	APR	FOOD	FIGHT HUNGER
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR. LOVELAND, CO 80538	74-2336171	501 (C) (3)	178,596.	5,608,951.	APR	FOOD	FIGHT HUNGER
RIVER VALLEY REGIONAL FOOD BANK 1617 S. ZERO ST. FORT SMITH, AR 72901-8409	71-0388927	501 (C) (3)	136,227.	12,289,253.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHWEST INDIANA, INC. - 6490 BROADWAY AVE. - MERRILLVILLE, IN 46410	35-1528285	501 (C) (3)	138,489.	1,892,564.	APR	FOOD	FIGHT HUNGER

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SECOND HARVEST NORTH CENTRAL FOOD BANK - PO BOX 5130 - GRAND RAPIDS, MN 55744-5130	41-0904805	501 (C) (3)	78,261.	840,205.	APR	FOOD	FIGHT HUNGER
WELD FOOD BANK 1108 H ST. GREELEY, CO 80631-9100	74-2244826	501 (C) (3)	53,852.	2,469,783.	APR	FOOD	FIGHT HUNGER
FOODSHARE, INC. 450 WOODLAND AVE. BLOOMFIELD, CT 06002-1342	22-2474771	501 (C) (3)	315,510.	4,142,151.	APR	FOOD	FIGHT HUNGER
FACING HUNGER FOODBANK 1327 7TH AVE. HUNTINGTON, WV 25701-2903	55-0625915	501 (C) (3)	230,435.	3,702,164.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTH ALABAMA 2000 VERNON AVE. SW HUNTSVILLE, AL 35805-3052	63-0884372	501 (C) (3)	229,898.	8,108,487.	APR	FOOD	FIGHT HUNGER
MISSISSIPPI FOOD NETWORK PO BOX 411 JACKSON, MS 39205-0411	58-0041657	501 (C) (3)	569,099.	9,144,990.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHEAST ARKANSAS 3414 ONE PLACE JONESBORO, AR 72404	71-0412085	501 (C) (3)	183,170.	3,872,476.	APR	FOOD	FIGHT HUNGER
LOWCOUNTRY FOOD BANK 2864 AZALEA DR. CHARLESTON, SC 29405-8216	57-0751835	501 (C) (3)	796,946.	21,003,043.	APR	FOOD	FIGHT HUNGER
GREATER LANSING FOOD BANK 919 FILLEY ST. LANSING, MI 48906	38-1359186	501 (C) (3)	139,414.	3,381,163.	APR	FOOD	FIGHT HUNGER

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THREE SQUARE FOOD BANK 4190 N. PECOS RD. LAS VEGAS, NV 89115-0187	30-0396918	501 (C) (3)	719,183.	30,634,880.	APR	FOOD	FIGHT HUNGER
GOD'S PANTRY FOOD BANK, INC. 1685 JAGGIE FOX WAY LEXINGTON, KY 40511-1084	13-9150000	501 (C) (3)	397,463.	26,881,793.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIR., STE. A LINCOLN, NE 68504-1465	47-0640293	501 (C) (3)	140,380.	5,558,194.	APR	FOOD	FIGHT HUNGER
MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE EAST BLVD. MACON, GA 31217-5648	58-1463293	501 (C) (3)	172,338.	1,871,633.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF SOUTHERN WISCONSIN - 2802 DAIRY DR. - MADISON, WI 53718-6751	39-1490691	501 (C) (3)	360,487.	11,812,235.	APR	FOOD	FIGHT HUNGER
NEW HAMPSHIRE FOOD BANK 221 ORANGE ST., STE. 100 MANCHESTER, NH 03104	02-0222163	501 (C) (3)	271,644.	13,978,158.	APR	FOOD	FIGHT HUNGER
UNITED FOOD BANK 245 S. NINA DR. MESA, AZ 85210-8490	86-0505273	501 (C) (3)	269,434.	10,613,638.	APR	FOOD	FIGHT HUNGER
SE OHIO FOODBANK 1005 CIC DR. LOGAN, OH 43138	31-0718322	501 (C) (3)	76,525.	974,035.	APR	FOOD	FIGHT HUNGER
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVE. HAMPTON, VA 23661-1237	54-1422298	501 (C) (3)	271,342.	8,084,528.	APR	FOOD	FIGHT HUNGER

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ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DR. OAKLAND, CA 94621-2004	94-2960297	501 (C) (3)	630,262.	5,341,937.	APR	FOOD	FIGHT HUNGER
WEST TEXAS FOOD BANK 411 S. PAGEWOOD AVE. ODESSA, TX 79760-4242	75-2057692	501 (C) (3)	104,257.	2,147,389.	APR	FOOD	FIGHT HUNGER
HELPING HARVEST 117 MORGAN DR. READING, PA 19608-1755	22-2456238	501 (C) (3)	101,636.	2,059,601.	APR	FOOD	FIGHT HUNGER
CHANNEL ONE FOOD BANK 131 35TH ST. SE ROCHESTER, MN 55904-5514	41-1379713	501 (C) (3)	138,189.	4,718,422.	APR	FOOD	FIGHT HUNGER
PLACER FOOD BANK 8284 INDUSTRIAL AVE. ROSEVILLE, CA 95678-5900	94-1740316	501 (C) (3)	132,726.	4,139,025.	APR	FOOD	FIGHT HUNGER
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE. SANTA BARBARA, CA 93110-1710	95-0596191	501 (C) (3)	217,544.	4,024,136.	APR	FOOD	FIGHT HUNGER
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403-1070	68-0121855	501 (C) (3)	353,761.	1,505,639.	APR	FOOD	FIGHT HUNGER
WORCESTER COUNTY FOOD BANK 474 BOSTON TPKE. SHREWSBURY, MA 01545-3948	04-3071457	501 (C) (3)	108,666.	1,795,954.	APR	FOOD	FIGHT HUNGER
SOUTHEAST MISSOURI FOOD BANK 600 STATE HIGHWAY H SIKESTON, MO 63801-5352	43-1395263	501 (C) (3)	158,966.	8,073,136.	APR	FOOD	FIGHT HUNGER

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FEEDING SOUTH DAKOTA 4701 N. WESTPORT AVE. SIOUX FALLS, SD 57107-0123	46-0362742	501 (C) (3)	162,131.	8,041,353.	APR	FOOD	FIGHT HUNGER
VERMONT FOODBANK, INC. 33 PARKER RD. BARRE, VT 05641-9106	22-3021942	501 (C) (3)	297,122.	5,893,825.	APR	FOOD	FIGHT HUNGER
SH FOOD BANK OF CLARK, CHAMPAIGN & LOGAN COUNTIES - 701 E. COLUMBIA ST. - SPRINGFIELD, OH 45503-4404	31-0536968	501 (C) (3)	64,501.	735,535.	APR	FOOD	FIGHT HUNGER
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65801-5746	43-0903657	501 (C) (3)	228,843.	10,207,226.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST COMMUNITY FOOD BANK 915 DOUGLAS ST. SAINT JOSEPH, MO 64505-2749	43-1268319	501 (C) (3)	109,733.	2,673,114.	APR	FOOD	FIGHT HUNGER
AMERICA'S SECOND HARVEST OF THE BIG BEND, INC. - 4446 ENTREPOT BLVD. - TALLAHASSEE, FL 32310-8740	59-2610345	501 (C) (3)	389,036.	6,367,488.	APR	FOOD	FIGHT HUNGER
TERRE HAUTE CATHOLIC CHARITIES FOODBANK - 1356 LOCUST ST. - TERRE HAUTE, IN 47807-1640	35-1577679	501 (C) (3)	103,813.	1,263,374.	APR	FOOD	FIGHT HUNGER
TOLEDO NORTHWESTERN OHIO FOOD BANK 24 E. WOODRUFF AVE. TOLEDO, OH 43604-5263	34-1441016	501 (C) (3)	212,686.	3,553,245.	APR	FOOD	FIGHT HUNGER
SH FOOD BANK OF SAN JOAQUIN & STANISLAUS COUNTIES - 704 INDUSTRIAL PARK DR. - MANTECA, CA 95337-6116	94-2420281	501 (C) (3)	657,419.	7,798,820.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN ILLINOIS FOODBANK 2405 N. SHORE DR. URBANA, IL 61802-7221	37-1130252	501 (C) (3)	386,872.	6,491,935.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO - 5510 BAUMHART RD. - LORAIN, OH 44053-2000	34-1446685	501 (C) (3)	111,972.	3,790,106.	APR	FOOD	FIGHT HUNGER
NORTHEAST IOWA FOOD BANK PO BOX 2397 WATERLOO, IA 50704-2397	42-1169648	501 (C) (3)	93,462.	4,016,104.	APR	FOOD	FIGHT HUNGER
LONG ISLAND CARES, INC. 10 DAVIDS DR. HAUPPAUGE, NY 11788-2039	11-2524512	501 (C) (3)	215,392.	2,537,626.	APR	FOOD	FIGHT HUNGER
KANSAS FOOD BANK 1919 E. DOUGLAS AVE. WICHITA, KS 67211-1627	48-0959213	501 (C) (3)	186,132.	11,988,836.	APR	FOOD	FIGHT HUNGER
WICHITA FALLS AREA FOOD BANK 1230 MIDWESTERN PKWY. WICHITA FALLS, TX 76302-1743	75-1812865	501 (C) (3)	76,755.	1,427,223.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST FOOD BANK OF MAHONING VALLEY - 2805 SALT SPRINGS RD. - YOUNGSTOWN, OH 44509-1037	34-1380074	501 (C) (3)	106,328.	2,567,123.	APR	FOOD	FIGHT HUNGER
EAST TEXAS FOOD BANK 3201 ROBERTSON RD. TYLER, TX 75701-2532	75-2222686	501 (C) (3)	233,870.	8,108,937.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD. - DULUTH, MN 55811-5737	36-3479964	501 (C) (3)	73,332.	2,798,378.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SECOND HARVEST FOOD BANK OF NE TENNESSEE - 1020 JERICHO DR. - KINGSPOINT, TN 37663-3966	62-1303822	501 (C) (3)	347,866.	5,215,380.	APR	FOOD	FIGHT HUNGER
GREAT PLAINS FOOD BANK 1720 3RD AVE. N FARGO, ND 58102-4254	45-0226421	501 (C) (3)	207,169.	7,240,818.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF THE RIO GRANDE VALLEY, INC. - 724 N. CAGE BLVD. - PHARR, TX 78577-3105	74-2421560	501 (C) (3)	364,106.	4,833,343.	APR	FOOD	FIGHT HUNGER
FEEDING WESTCHESTER 200 CLEARBROOK RD., STE. 160 ELMSFORD, NY 10523-1328	13-3507988	501 (C) (3)	137,407.	1,992,171.	APR	FOOD	FIGHT HUNGER
FOOD BANK FOR MONTEREY COUNTY 353 WEST ROSSI ST. SALINAS, CA 93907-1463	77-0270228	501 (C) (3)	96,798.	1,157,634.	APR	FOOD	FIGHT HUNGER
BANCO DE ALIMENTOS DE PUERTO RICO #9 CORUJO INDUSTRIAL PARK BAYAMON, PR 00960	66-0444882	501 (C) (3)	2,106,627.	14,290,060.	APR	FOOD	FIGHT HUNGER
GOOD SHEPHERD FOOD BANK 3121 HOTEL RD. AUBURN, ME 04210-8398	22-2986809	501 (C) (3)	276,517.	29,104,507.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF CENTRAL LOUISIANA 3223 BALDWIN AVE. ALEXANDRIA, LA 71301-3506	72-1154072	501 (C) (3)	117,302.	3,136,952.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHERN INDIANA 702 CHAPIN ST. SOUTH BEND, IN 46601-2804	35-1898055	501 (C) (3)	124,089.	2,973,777.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH FOOD BANK 3150 S. 900 W SOUTH SALT LAKE, UT 84119-3316	87-0212453	501 (C) (3)	404,773.	27,680,271.	APR	FOOD	FIGHT HUNGER
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA - 3760 FOWLER ST. - FORT MYERS, FL 33901-0930	59-2332120	501 (C) (3)	342,753.	13,376,980.	APR	FOOD	FIGHT HUNGER
CENTRAL CALIFORNIA FOOD BANK 4010 E. AMENDOLA DR. FRESNO, CA 93725	77-0320851	501 (C) (3)	576,472.	16,202,377.	APR	FOOD	FIGHT HUNGER
ALL FAITHS FOOD BANK 8171 BLAIKIE CT. SARASOTA, FL 34240-8321	65-0115814	501 (C) (3)	316,920.	7,254,158.	APR	FOOD	FIGHT HUNGER
WEST OHIO FOOD BANK 1380 E. KIBBY ST. LIMA, OH 45804-3127	34-1587528	501 (C) (3)	102,295.	2,598,557.	APR	FOOD	FIGHT HUNGER
H & J WEINBERG NORTHEAST PA REGIONAL FOOD BANK - 185 RESEARCH DR. - PITTSBURGH, PA 15201-6142	23-1653093	501 (C) (3)	112,211.	1,802,097.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF THE GOLDEN CRESCENT 3809 E. RIO GRANDE ST. VICTORIA, TX 77901-1727	74-2534561	501 (C) (3)	458,913.	1,447,786.	APR	FOOD	FIGHT HUNGER
SECOND HARVEST OF SOUTH GEORGIA, INC. - 1411 HARBIN CIR. - VALDOSTA, GA 31601-6535	58-2208545	501 (C) (3)	342,583.	6,914,947.	APR	FOOD	FIGHT HUNGER
WESTMORELAND COUNTY FOOD BANK 100 DEVONSHIRE DR. DELMONT, PA 15626-1607	25-1422682	501 (C) (3)	76,959.	1,891,612.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILABUNDANCE 3616 S. GALLOWAY ST. PHILADELPHIA, PA 19148-5402	23-2290505	501 (C) (3)	427,387.	15,739,433.	APR	FOOD	FIGHT HUNGER
CITY HARVEST, INC. 6 E. 32ND ST3, FL. 5 NEW YORK, NY 10016-5422	13-3170676	501 (C) (3)	375,744.	24,667,738.	APR	FOOD	FIGHT HUNGER
GREATER BATON ROUGE FOOD BANK 10600 S. CHOCTAW DR. BATON ROUGE, LA 70815-1826	72-1065318	501 (C) (3)	148,393.	4,266,055.	APR	FOOD	FIGHT HUNGER
HOOSIER HILLS FOOD BANK 2333 W. INDUSTRIAL PARK DR. BLOOMINGTON, IN 47404-2602	31-1051402	501 (C) (3)	66,529.	2,562,687.	APR	FOOD	FIGHT HUNGER
FOOD GATHERERS FOOD BANK 1 CARROT WAY ANN ARBOR, MI 48105-9290	38-2853858	501 (C) (3)	120,785.	2,911,414.	APR	FOOD	FIGHT HUNGER
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237-2507	38-2926476	501 (C) (3)	494,980.	25,008,924.	APR	FOOD	FIGHT HUNGER
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR. RALEIGH, NC 27603-2030	56-1753180	501 (C) (3)	207,843.	4,592,983.	APR	FOOD	FIGHT HUNGER
FULFILL (FORMERLY FB OF MONMOUTH/OCEAN CTY) - 3300 STATE ROUTE 66 - NEPTUNE, NJ 07753-2706	22-2622522	501 (C) (3)	186,070.	3,399,457.	APR	FOOD	FIGHT HUNGER
ISLAND HARVEST 15 GRUNMAN RD. W, STE. 1450 BETHPAGE, NY 11714	11-3136350	501 (C) (3)	305,561.	3,846,964.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST REGIONAL FOOD BANK, INC. 3120 E. 19TH ST. TEXARKANA, AR 71854-4834	75-2671647	501 (C) (3)	80,385.	2,055,790.	APR	FOOD	FIGHT HUNGER
ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVE. PHOENIX, AZ 85009-1518	23-7353532	501 (C) (3)	699,883.	33,529,289.	APR	FOOD	FIGHT HUNGER
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA, MT 59808-9071	81-0414143	501 (C) (3)	361,003.	12,827,554.	APR	FOOD	FIGHT HUNGER
SOUTHEAST TEXAS FOOD BANK 3845 S. M L KING JR. PKWY. BEAUMONT, TX 77705-4114	76-0338721	501 (C) (3)	1,605,150.	1,979,903.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHEAST GEORGIA 861 NEWTON BRIDGE RD. ATHENS, GA 30607-1305	58-0964506	501 (C) (3)	197,297.	5,778,346.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVE. SHREVEPORT, LA 71103-3621	72-1328890	501 (C) (3)	141,560.	8,117,613.	APR	FOOD	FIGHT HUNGER
FOOD BANK OF NORTHEAST LOUISIANA PO BOX 5048 MONROE, LA 71211-5048	72-1333809	501 (C) (3)	123,866.	2,421,554.	APR	FOOD	FIGHT HUNGER
FOOD FINDERS FOOD BANK 1204 GREENBUSH ST. LAFAYETTE, IN 47904-1963	31-1020198	501 (C) (3)	197,570.	4,667,477.	APR	FOOD	FIGHT HUNGER
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN ST., STE. 722 - OAKLAND, CA 94612	68-0392816	501 (C) (3)	0.	1,932,244.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREASURE COAST FOOD BANK 401 ANGLE RD. FORT PIERCE, FL 34947-2528	65-0123281	501 (C) (3)	397,712.	8,478,471.	APR	FOOD	FIGHT HUNGER
YUMA COMMUNITY FOOD BANK 2404 E. 24TH ST., STE. A YUMA, AZ 85365-2636	86-0457836	501 (C) (3)	76,347.	1,246,893.	APR	FOOD	FIGHT HUNGER
NORTHWEST ARKANSAS FOOD BANK 1378 JUNE SELF DR. BETHEL HEIGHTS, AR 72764-8142	71-0680830	501 (C) (3)	348,898.	8,374,120.	APR	FOOD	FIGHT HUNGER
SOUTH TEXAS FOOD BANK 1907 FREIGHT ST. LAREDO, TX 78041	74-2574983	501 (C) (3)	152,943.	1,309,175.	APR	FOOD	FIGHT HUNGER
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIR. EL PASO, TX 79927-2005	45-2893839	501 (C) (3)	476,561.	9,089,243.	APR	FOOD	FIGHT HUNGER
FEEDING MISSOURI 2306 BLUFF CREEK DR. COLUMBIA, MO 65201	22-3757761	501 (C) (3)	0.	794,843.	APR	FOOD	FIGHT HUNGER
FOOD BANK COUNCIL OF MICHIGAN 330 MARSHALL ST., STE. 102 LANSING, MI 48912-2317	38-2515765	501 (C) (3)	0.	253,214.	APR	FOOD	FIGHT HUNGER
FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVE. N D/E JACKSONVILLE, FL 32254	46-5014769	501 (C) (3)	620,756.	19,147,508.	APR	FOOD	FIGHT HUNGER
M.A.R.C. C/O HUNTER BROTHERS 6700 ESSINGTON AVE., UNIT I-9 PHILADELPHIA, PA 19153	23-2331154	501 (C) (3)	0.	8,984,306.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SOUTHEAST REGIONAL COOPERATIVE (SRC) - 3655 SOUTHSIDE INDUSTRIAL PKWY., STE. 106 - ATLANTA, GA 30354	82-2707649	501 (C) (3)	0.	4,266,351.	APR	FOOD	FIGHT HUNGER
LOWER MIDWEST REGIONAL COOPERATIVE 3737 WALDEMERE INDIANAPOLIS, IN 46241	35-1483868	501 (C) (3)	0.	11,604,974.	APR	FOOD	FIGHT HUNGER
MIDWEST REGIONAL PRODUCE COOPERATIVE - 7101 WINNETKA AVE. - BROOKLYN PARK, MN 55428	23-7417654	501 (C) (3)	0.	13,190,171.	APR	FOOD	FIGHT HUNGER
THE FOOD DEPOT 1222 SILER RD. SANTE FE, NM 87507	85-0416803	501 (C) (3)	11,000.	0.	APR	FOOD	FIGHT HUNGER
THE COMMUNITY PANTRY PO BOX 520 GALLUP, NM 87305	85-0460193	501 (C) (3)	10,000.	0.	APR	FOOD	FIGHT HUNGER
CONCHO VALLEY REGIONAL FOOD BANK PO BOX 1207 SAN ANGELO, TX 76902	75-1897032	501 (C) (3)	15,000.	0.	APR	FOOD	FIGHT HUNGER
BRAZOS VALLEY FOOD BANK 1501 INDEPENDENCE AVE. BRYAN, TX 77803	74-2380446	501 (C) (3)	39,333.	0.	APR	FOOD	FIGHT HUNGER
GALVESTON COUNTY FOOD BANK 624 4TH AVE. TEXAS CITY, TX 77590	20-0408375	501 (C) (3)	26,000.	0.	APR	FOOD	FIGHT HUNGER
MONTGOMERY COUNTY FOOD BANK ONE PROSPECT POINT CONROE, TX 77385	76-0153892	501 (C) (3)	15,000.	0.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

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NORWESCAP FOOD BANK 201 N. BROAD ST. PHILLIPSBURG, NJ 08865	22-1777156	501 (C) (3)	25,000.	0.	APR	FOOD	FIGHT HUNGER
UNITED WAY OF SOUTHEASTERN CONNECTICUT - PO BOX 375 - GATES FERRY, CT 06335	06-0771393	501 (C) (3)	15,000.	0.	APR	FOOD	FIGHT HUNGER
FOOD FOR LANE COUNTY 770 BAILEY HILL RD. EUGENE, OR 97402	93-0888347	501 (C) (3)	9,963.	0.	APR	FOOD	FIGHT HUNGER
SACRAMENTO FOOD BANK & FAMILY SERVICES - 1951 BELL AVE. - SACRAMENTO, CA 95838	94-3315566	501 (C) (3)	186,700.	0.	APR	FOOD	FIGHT HUNGER
OHIO ASSOCIATION OF SH FOOD BANKS 101 E. TOWN ST., STE. 540 COLUMBUS, OH 43215-5119	34-1677838	501 (C) (3)	15,000.	0.	APR	FOOD	FIGHT HUNGER
GEORGIA FOOD BANK ASSOCIATION INC 732 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30318	58-2374577	501 (C) (3)	135,000.	0.	APR	FOOD	FIGHT HUNGER
IMPERIAL VALLEY FOOD BANK 329 APPLESTILL RD. EL CENTRO, CA 92244	83-1547019	501 (C) (3)	51,600.	0.	APR	FOOD	FIGHT HUNGER
FEEDING INDIANA'S HUNGRY 8425 KEYSTONE CROSSING, STE. 220A INDIANAPOLIS, IN 46240	20-3073635	501 (C) (3)	20,000.	0.	APR	FOOD	FIGHT HUNGER
IOWA FOOD BANK ASSOCIATION 2101 KIMBALL AVE. STE., 1408 WATERLOO, IA 50702-5063	27-1554605	501 (C) (3)	10,000.	0.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

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BREAD OF THE MIGHTY FOOD BANK 325 NW 10TH AVE. GAINESVILLE, FL 32601	59-2805577	501 (C) (3)	30,000.	0.	APR	FOOD	FIGHT HUNGER
FEEDING WASHINGTON 1234 E. FRONT AVE. SPOKANE, WA 99202	45-1913897	501 (C) (3)	95,000.	0.	APR	FOOD	FIGHT HUNGER
FEEDING FLORIDA 1489 MARKET ST. TALLAHASSEE, FL 33212	65-0467165	501 (C) (3)	10,424.	0.	APR	FOOD	FIGHT HUNGER
FEEDING PENNSYLVANIA 939 E. PARK DR. HARRISBURG, PA 17111	45-4793238	501 (C) (3)	70,000.	0.	APR	FOOD	FIGHT HUNGER
FEEDING TEXAS 1524 S. INTERSTATE 35, STE. 342 AUSTIN, TX 78704-2646	74-2762542	501 (C) (3)	10,424.	0.	APR	FOOD	FIGHT HUNGER
PEORIA AREA FOOD BANK 721 W. MCBEAN PEORIA, IL 61605	37-6058636	501 (C) (3)	161,485.	0.	APR	FOOD	FIGHT HUNGER

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MEMBERS MUST SUBMIT A GRANT AGREEMENT AND PERIODIC REPORTS AS A REQUIREMENT

FOR ACCEPTING A GRANT FROM FEEDING AMERICA. THESE REPORTS ARE A VITAL PART

OF STEWARDING DONOR RELATIONSHIPS THAT RESULT IN CONTINUED GRANT FUNDS

AVAILABLE TO OUR MEMBERS. THE MEMBER GRANTS TEAM CREATES REPORT FORMS IN

CONJUNCTION WITH THE FEEDING AMERICA ACCOUNT MANAGER, WHO IS THE MAIN

CONTACT WITH THE DONOR. THIS ENSURES THAT THE DONOR'S INTENT FOR THE GIFT

IS INCLUDED IN THE REPORT REQUIREMENTS. THE FREQUENCY OF REPORTING IS ALSO

IN ACCORDANCE WITH DONOR INTENT. THE MEMBER GRANTS TEAM REVIEWS COMPLETED

**Part IV Supplemental Information**

REPORTS WHEN THE REPORTS COME TO FEEDING AMERICA. THE TEAM FOLLOWS UP WITH  
 FOOD BANKS THAT DO NOT FULLY COMPLETE THE REPORTS. INFORMATION FROM THE  
 REPORTS IS SHARED WITH THE ACCOUNT MANAGER WHO IS THE MAIN CONTACT WITH THE  
 DONOR, AND THE SUBJECT MATTER EXPERT(S) (SMES), WHICH CAN ASSIST MEMBERS  
 WITH PROGRAM IMPLEMENTATION CHALLENGES.

DURING THE GRANT PERIOD, AWARDEE MEMBERS MUST SUBMIT A WRITTEN REALLOCATION  
 REQUEST FORM IF THEY ARE ASKING TO USE GRANT FUNDS DIFFERENTLY THAN  
 DESCRIBED IN THEIR ORIGINAL PROPOSAL. THE MEMBER GRANTS TEAM ALONG WITH THE  
 APPROPRIATE ACCOUNT MANAGER AND SME(S) DECIDE WHETHER THE REALLOCATION  
 REQUEST IS ALIGNED WITH THE DONOR'S INTENT FOR THE GIFT. IF SO, THE  
 REALLOCATION IS APPROVED. IF NOT, THE REALLOCATION WILL BE DENIED.

APPROPRIATE STAFF AS RELATED TO THE GRANT OPPORTUNITY FOLLOWS UP WHEN THERE  
 ARE ISSUES/CHALLENGES WITH A MEMBER'S COMPLETION OF THE GRANT, OR THEIR  
 GRANT TERMS. WHEN NECESSARY, STAFF PROVIDE RECOMMENDATIONS FOR CHANGES TO  
 THE PROPOSAL. WHEN THERE IS A SERIOUS ISSUE WITH A MEMBER AND THEIR GRANT  
 IMPLEMENTATION, ALL APPROPRIATE STAFF WILL WORK TOGETHER WITH THE MEMBER TO  
 ADDRESS THE SITUATION. FINAL DECISION TO REQUEST THE RETURN OF GRANT FUNDS  
 IS MADE BY CONSENSUS OF THE COMPLIANCE DEPARTMENT, AND OTHER APPROPRIATE  
 STAFF RELATED TO THE GRANT OPPORTUNITY PROGRAM. EXAMPLES OF SERIOUS ISSUES  
 THAT MAY REQUIRE FURTHER CONSIDERATION AND ACTION INCLUDE: INSUFFICIENT  
 PROGRESS; MEMBER UNLIKELY TO USE FUNDS; NON-COMPLIANCE DURING AN AUDIT  
 VISIT; AND LATE SUBMISSION OF, OR FAILURE TO SUBMIT GRANT REPORTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

FEEDING AMERICA

Employer identification number

36-3673599

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAIRE BABINEAUX-FONTENOT CEO (AS OF 10/18)	(i)	205,971.	0.	530.	6,225.	7,640.	220,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL HENRYS TREASURER	(i)	315,386.	41,366.	6,492.	16,500.	32,361.	412,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLAIRE WELLINGTON SECRETARY	(i)	196,270.	9,622.	16,821.	9,994.	25,372.	258,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW KNOTT (UNTIL 5/19) PRESIDENT	(i)	353,585.	151,233.	6,608.	16,500.	33,916.	561,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CATHERINE DAVIS CHIEF MARKETING & COMM. OFFICER	(i)	275,382.	35,487.	4,878.	16,500.	11,919.	344,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREW WILSON CHIEF DEVELOPMENT OFFICER	(i)	226,473.	29,732.	2,572.	15,739.	30,354.	304,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATT HAYES CHIEF HR OFFICER	(i)	221,130.	29,588.	3,135.	15,356.	34,351.	303,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHERINE LEONE CHIEF GOVERNMENT RELATIONS OFFICER	(i)	247,117.	32,023.	3,197.	16,423.	39,894.	338,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CAROL MEDLIN (UNTIL 1/19) CHIEF PROGRAM OFFICER	(i)	219,853.	14,040.	12,035.	12,315.	12,056.	270,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) WILLIAM THOMAS (UNTIL 7/18) CHIEF SUPPLY CHAIN OFFICER	(i)	136,635.	36,116.	31,366.	10,187.	17,746.	232,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) AMI MCREYNOLDS CHIEF PROGRAMS OFFICER	(i)	203,018.	26,630.	6,067.	10,862.	13,788.	260,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN VEGA (UNTIL 11/18) VP OF PHILANTHROPY OPERATIONS	(i)	151,104.	11,655.	61,840.	12,047.	30,202.	266,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NANCY CURBY SVP, STRATEGIC PARTNERSHIPS	(i)	213,211.	10,234.	2,368.	13,691.	13,306.	252,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DANIEL NISBET VP OF DEVELOPMENT	(i)	201,644.	9,676.	2,363.	12,999.	13,358.	240,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ELIZABETH NIELSEN SVP DIGITAL AND DIRECT MARKETING	(i)	186,493.	8,721.	2,753.	10,574.	1,474.	210,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) RONALD MARTIN VP FIN. REPORTING & BUDGETING	(i)	176,688.	8,794.	4,592.	11,871.	33,188.	235,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) DIANA AVIV (UNTIL 1/18) FORMER CEO	(i)	74,907.	0.	1,003,416.	4,750.	1,757.	1,084,830.	389,785.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ANDREA YAO (UNTIL 6/16) FORMER SECRETARY	(i)	146,258.	7,268.	3,577.	9,814.	32,560.	199,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

## PART I, LINE 4A:

DIANA AVIV AND JOHN VEGA BOTH INDIVIDUALLY RECEIVED SEVERANCE PAYMENTS DURING THE CALENDAR YEAR. THE PAYMENTS ARE INCLUDED IN PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN B-III. THE TERMS AND CONDITIONS OF THE CONFIDENTIAL SEVERANCE AGREEMENTS ARE AVAILABLE TO THE INTERNAL REVENUE SERVICE UPON REQUEST.

## PART I, LINE 7:

FEEDING AMERICA MAY PROVIDE EXECUTIVES WITH LUMP-SUM BONUSES BASED ON EXECUTIVE'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS AND THE RESULTS OF THE ORGANIZATION. BONUSES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD.

THE INDICIA USED IN THIS PERFORMANCE-BASED COMPENSATION PLAN INCLUDE REVENUE, POUNDS/MEALS PROVIDED, AND OTHER "NON-REVENUE" RELATED GOALS AND METRICS OF THE ORGANIZATION THAT ARE LINKED TO FEEDING AMERICA'S STRATEGIC AND FISCAL YEAR BUSINESS PLANNING PROCESS

**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 II, COLUMN (F) (DIANA AVIV):

AMOUNT INCLUDES PRIOR YEAR DEFERRED COMPENSATION OF \$347,209 REPORTED

AS TAXABLE INCOME IN THE CURRENT YEAR THAT WAS EARNED THROUGH A

DEFERRED COMPENSATION ARRANGEMENT WITH A PREVIOUS EMPLOYER AND ROLLED

OVER INTO A NEW 457B PLAN AT FEEDING AMERICA. ALL AMOUNTS, INCLUDING

\$42,576 EARNED WHILE EMPLOYED AT FEEDING AMERICA, WERE DISTRIBUTED WHEN

THE EMPLOYMENT CEASED AT THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **FEEDING AMERICA** Employer identification number: **36-3673599**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	60,020	954,055.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	163160322	2,643,197,218.	PRODUCT VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 30

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

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

FEEDING AMERICA RECEIVES GIFTS OF SECURITIES FROM DONORS WHICH ARE DELIVERED TO ITS BROKER, WHO SELLS THEM ON THE SAME DAY AND REMITS THE SALES PROCEEDS TO FEEDING AMERICA.

DUE TO SOFTWARE LIMITATIONS, LINE 19, COLUMN (B) DOES NOT SHOW THE FULL AMOUNT. THE ACTUAL AMOUNT OF FOOD INVENTORY CONTRIBUTIONS IS 1,631,603,221 POUNDS.

NUMBER OF CONTRIBUTIONS REPORTED IN POUNDS. ANNUALLY, FEEDING AMERICA PERFORMS A STUDY TO CALCULATE THE AVERAGE WHOLESALE PRICE PER POUND (PRODUCT VALUATION STUDY). THIS VALUE IS THEN USED TO DETERMINE THE FAIR VALUE OF DONATED PRODUCE AND GROCERY ITEMS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FEEDING AMERICA

Employer identification number

36-3673599

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FEEDING AMERICA'S MISSION IS TO FEED AMERICA'S HUNGRY THROUGH A

NATIONWIDE NETWORK OF FOOD BANKS AND ENGAGE OUR COUNTRY IN THE FIGHT TO

END HUNGER.

FORM 990, PART III, LINE 4A:

FOOD PROCUREMENT PROGRAM INCLUDES SUPPLY CHAIN, LOGISTICS AND PRODUCT

SOURCING SERVICES. SUPPLY CHAIN SERVICES FACILITATE THE ACQUISITION OF

FOOD AND GROCERY PRODUCTS FOR FREE DISTRIBUTION TO AMERICANS IN

COMMUNITIES ACROSS THE COUNTRY.

THE FEEDING AMERICA NATIONAL OFFICE AUGMENTS DONATED FOOD AND GROCERY

PRODUCTS WITH PRODUCE PROCURED FROM FARMERS AND GROWERS TO ENSURE A

NUTRITIONAL AND WELL-ROUNDED MIX OF PRODUCT IS AVAILABLE TO THE

NETWORK. A PORTION OF THESE PROCUREMENT COSTS ARE OFFSET BY FEES PAID

BY MEMBER FOOD BANKS TO THE DONOR/SERVICE PROVIDER, WHICH MAY INCLUDE

THE COST OF PACKAGING, TRANSPORTATION, AND PROCESSING FEES. DURING

FISCAL YEAR 2019 THE NATIONAL PRODUCE PROGRAM DISTRIBUTED 76 MILLION

POUNDS OF FRESH PRODUCE TO OUR MEMBER FOOD BANKS. ADDITIONALLY, FEEDING

AMERICA REGIONAL SOURCING PERSONNEL GENERATED 81 MILLION POUNDS OF

PRODUCE FOR THE NETWORK MAKING THE TOTAL GENERATED BY FEEDING AMERICA

NATIONAL OFFICE 157 MILLION POUNDS. THE FEEDING AMERICA NETWORK

COLLECTIVELY SECURED MORE THAN 761 MILLION POUNDS OF FRESH PRODUCE

(PRODUCE SOURCED THROUGH OUR OTHER CHANNELS IS NOT INCLUDED IN THIS

NUMBER).

Name of the organization FEEDING AMERICA	Employer identification number 36-3673599
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DURING FISCAL YEAR 2009, THE SUPPLY CHAIN TEAM LAUNCHED A NATIONAL GROCERY PROGRAM TO OBTAIN LOWER PRICES FOR PURCHASED GROCERIES BY LEVERAGING THE COLLECTIVE BUYING POWER OF OUR MEMBER FOOD BANKS. DURING FISCAL YEAR 2019, 141 MEMBERS PARTICIPATED IN THE NATIONAL GROCERY PROGRAM, WITH PURCHASES OF \$45.6 MILLION IN FOOD AND GROCERY PRODUCTS THAT RESULTED IN MORE THAN 82 MILLION POUNDS OF PURCHASED FOOD.

PRODUCT SOURCING FACILITATES THE DONATION OF FOOD AND GROCERY PRODUCTS FROM MAJOR NATIONAL AND REGIONAL MANUFACTURERS AND RETAILERS. THROUGH THE EFFORTS OF FOOD SOURCING STAFF ACROSS THE NETWORK, AND THE HELP OF OUR TRUSTED RETAIL PARTNERS, THE GROCERY RESCUE PROGRAM (RETAIL STORE DONATION PROGRAM) SECURED MORE THAN 1.9 BILLION POUNDS OF PRODUCT. FOOD MANUFACTURERS DONATED MORE THAN 704 MILLION POUNDS OF FOOD TO OUR MEMBER FOOD BANKS.

IN TOTAL, THE FEEDING AMERICA NETWORK DISTRIBUTED APPROXIMATELY 5.2 BILLION POUNDS OF FOOD AND GROCERY ITEMS IN FISCAL YEAR 2019 TO PEOPLE IN NEED. THIS REPRESENTS GREATER THAN 7 PERCENT GROWTH OVER FISCAL YEAR 2018.

FORM 990, PART III, LINE 4B:

MEMBER SERVICES ADVANCE THE OPERATIONS OF NETWORK FOOD BANKS THROUGH CAPABILITY DEVELOPMENT, CONSULTING, ASSESSMENT AND TRAINING. THE FEEDING AMERICA NATIONAL OFFICE INSPECTS EACH NETWORK MEMBER EVERY 18-36 MONTHS TO ENSURE COMPLIANCE WITH THE HIGHEST STANDARDS OF FOOD SAFETY, MANAGEMENT, GOVERNANCE AND ACCOUNTABILITY. SIGNIFICANT PORTIONS OF THE MEMBER SERVICES FY18 BUDGET HELPED TO PROVIDE GRANTS TO MEMBER FOOD BANKS SUPPORTING DEVELOPMENT OF INNOVATIVE CHARITABLE FEEDING

Name of the organization FEEDING AMERICA	Employer identification number 36-3673599
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PROGRAMS AND STRATEGIC INITIATIVES.

OF ALL FOOD AND FUNDS RAISED BY THE NATIONAL OFFICE, MORE THAN 98 PERCENT GOES DIRECTLY BACK TO NETWORK MEMBERS TO SUPPORT PROGRAMS AND SERVICES, INCLUDING MORE THAN \$94 MILLION OF DIRECT SUPPORT IN THE FORM OF GRANTS TO THE NETWORK. OUR MEMBER SERVICES PROGRAM ALSO ADVANCES LOGISTICS AND SERVICE CAPACITY THROUGH INFORMATION TECHNOLOGY; PREPARES OUR NETWORK FOR RESPONSES TO NATURAL DISASTERS THROUGH PLANNING, INFORMATION SHARING AND PRODUCT DEPLOYMENT THROUGH DISASTER SERVICES; AND SHARES BEST PRACTICES AND WISDOM AMONG NETWORK MEMBERS THROUGH KNOWLEDGE AND LEARNING.

FORM 990, PART III, LINE 4C:

PUBLIC AWARENESS AND EDUCATION SERVICES ADVANCE AWARENESS OF AND ENGAGEMENT WITH THE ISSUE OF HUNGER THROUGH MARKETING AND ENGAGEMENT PROGRAMS IN ADDITION TO MEDIA RELATIONS AND PUBLICATIONS INITIATIVES. ALL OF WHICH ALL AIM TO MOBILIZE THE PUBLIC AND DRIVE AWARENESS AND SUPPORT OF BOTH THE ISSUE OF DOMESTIC HUNGER GENERALLY AND FEEDING AMERICA SPECIFICALLY. WE BELIEVE THE AMERICAN PUBLIC HAS A SIGNIFICANT ROLE TO PLAY IN ENDING HUNGER. WE HAVE SEEN THAT PEOPLE DO INDEED WANT TO HELP PEOPLE IN NEED WHEN THEY BETTER UNDERSTAND WHO IS AFFECTED BY FOOD INSECURITY, THE EXTENT OF THE PROBLEM, HOW IT RELATES TO THEIR EVERYDAY LIVES AND WHAT THEY CAN DO TO ADDRESS IT. FEEDING AMERICA IS FOCUSED ON DELIVERING THIS INFORMATION THROUGH TARGETED INITIATIVES SUCH AS PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGNS, MEDIA OUTREACH AND ADDITIONAL MARKETING PROGRAMS DESIGNED TO REACH PEOPLE DURING RELEVANT TIME PERIODS. THESE INITIATIVES ARE CREATED AND SUPPORTED BY WORLD CLASS CREATIVE AGENCIES, MEDIA PARTNERS AND CONTENT DISTRIBUTERS.



Name of the organization FEEDING AMERICA	Employer identification number 36-3673599
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUR RESEARCH AND EVALUATION TEAM SPEARHEADS CRITICAL RESEARCH

INITIATIVES TO BETTER UNDERSTAND HUNGER AND TO CONTINUALLY IMPROVE OUR

STRATEGIES TO END IT. WE ANALYZE THE DYNAMICS AT PLAY AMONG THE

NATION'S FOOD INSECURE INDIVIDUALS AND FAMILIES, THE PATTERNS

SURROUNDING THEIR USE OF OUR SERVICES, AND ENDEAVOR TO UTILIZE THIS

DATA TO ULTIMATELY CREATE BETTER LOCAL FEEDING PROGRAMS. ADDITIONALLY,

WE INVESTIGATE OUR OWN ORGANIZATIONAL OPERATIONS AS A NETWORK,

IDENTIFYING OPPORTUNITIES FOR CONTINUAL GROWTH AND REFINEMENT.

DURING FISCAL YEAR 2019, WE RELEASED THE NINTH CONSECUTIVE EDITION OF

MAP THE MEAL GAP, OUR SIGNATURE STUDY ON OVERALL AND CHILD FOOD

INSECURITY IN EVERY COUNTY AND CONGRESSIONAL DISTRICT IN THE UNITED

STATES. NOT ONLY DOES THIS STUDY ALLOW OUR PARTNERS, POLICY MAKERS,

DONORS AND THE PUBLIC TO UNDERSTAND THE PICTURE OF HUNGER IN THEIR

COMMUNITIES, IT PROVIDES OUR FOOD BANKS WITH DATA THAT ENABLES THEM TO

TARGET THEIR SERVICES TO PEOPLE MOST IN NEED. ADDITIONALLY, FEEDING

AMERICA PRODUCED THE STATE OF SENIOR HUNGER IN AMERICA IN 2017, WHICH

DOCUMENTS THE PREVALENCE OF FOOD INSECURITY AMONG THE SENIOR POPULATION

AGE 60 AND OLDER IN THE UNITED STATES, ALONG WITH A NEW REPORT THIS

YEAR THAT EXAMINES FOOD INSECURITY AMONG ADULTS AGE 50-59. WE ALSO

SUPPORTED OUR NETWORK FOOD BANKS WITH NEW RESEARCH TOOLS, SUCH AS A

ROBUST LANDSCAPE ASSESSMENT OF FOOD BANKS' COLLEGE HUNGER PROGRAMS, A

LEVELS OF EVIDENCE FRAMEWORK TO ASSESS AND COMPARE EFFECTIVENESS OF

TESTED PROGRAMMATIC INTERVENTIONS, AND A RESEARCH TOOLKIT OF VALIDATED

SURVEY MEASURES TO SUPPORT LOCAL RESEARCH IN ACCORDANCE WITH NATIONAL

BEST PRACTICES.

Name of the organization FEEDING AMERICA	Employer identification number 36-3673599
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EXPENSES \$ 10,914,706. INCLUDING GRANTS OF \$ 0. REVENUE \$ -188,058.

PROGRAMS AND POLICY

FEEDING AMERICA'S NATIONAL PROGRAMS ARE TARGETED, SCALABLE DISTRIBUTION

MODELS THAT INCREASE ACCESS TO MEALS, GROCERIES OR BENEFITS TO

CHILDREN, FAMILIES AND SENIORS. WE STRENGTHEN OUR NETWORK BY PROVIDING

GRANT FUNDING, PROGRAM STANDARDS, TECHNICAL ASSISTANCE AND TRAINING

RESOURCES THAT INCREASE CAPACITY AND BUILD AWARENESS. WE HAVE EXPANDED

THE REACH OF OUR NATIONAL PROGRAMS BY PROVIDING 157 MILLION MEALS

THROUGH PROGRAMS THAT FEED CHILDREN, SUCH AS KIDS CAFE, BACKPACK, AND

SCHOOL PANTRY PROGRAMS; BY PROVIDING ELIGIBLE FAMILIES ACCESS TO OVER

216 MILLION MEALS THROUGH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

(SNAP) APPLICATION ASSISTANCE; AND BY PROVIDING 167 MILLION MEALS WORTH

OF NUTRITIOUS FOOD TO FOOD-INSECURE SENIORS THROUGH SENIOR PROGRAMS.

OUR PUBLIC POLICY AND ADVOCACY PROGRAMS EDUCATE FEDERAL LAWMAKERS AND

POLICY INFLUENCERS ABOUT HUNGER IN AMERICA AND IDENTIFY AND ADVANCE

POLICY SOLUTIONS THAT ASSIST AMERICANS WHO ARE STRUGGLING WITH HUNGER

AND STRENGTHEN FOOD BANKS. OUR NON-PARTISAN EFFORTS HELP PROTECT AND

STRENGTHEN FEDERAL NUTRITION PROGRAMS THAT PROVIDE MEALS TO FAMILIES,

CHILDREN AND SENIORS IN NEED AND POLICIES THAT FACILITATE AND SUPPORT

CHARITABLE GIVING OF FOOD AND FUNDS TO NON-PROFITS PROVIDING MEALS TO

HUNGRY FAMILIES IN AMERICA.

IN FY 2019, FEEDING AMERICA'S LEGISLATIVE FOCUS WAS ON INCREASING

FUNDING FOR FEDERAL NUTRITION PROGRAMS IN THE 2018 FARM BILL AND

AGRICULTURE APPROPRIATIONS BILL AND ADVOCATING FOR EXPANDING ACCESS TO

CHILD NUTRITION PROGRAMS IN THE CHILD NUTRITION REAUTHORIZATION BILL.

Name of the organization FEEDING AMERICA	Employer identification number 36-3673599
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WE CONTINUE TO BUILD ADVOCACY CAPACITY AND ENGAGEMENT ACROSS OUR NETWORK BY DEVELOPING ADVOCACY TRAINING PROGRAMS FOR FOOD BANK STAFF. WE ALSO MOBILIZE ADVOCATES ONLINE WHO GENERATE TENS OF THOUSANDS OF PHONE CALLS AND EMAILS IN SUPPORT OF POLICIES THAT REDUCE HUNGER IN AMERICA. WE ARE BUILDING CIVIC ENGAGEMENT PROGRAMS THAT ENSURE THE PEOPLE WE ARE ACTIVE PARTICIPANTS IN THEIR COMMUNITY FROM ENCOURAGING THEM TO REGISTER TO VOTE TO ENSURING THEY PARTICIPATE IN THE 2020 CENSUS.

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

THE AUDIT AND RISK MANAGEMENT COMMITTEE AND THE EXECUTIVE COMPENSATION COMMITTEE OF THE FEEDING AMERICA BOARD OF DIRECTORS REVIEWED THE PREPARED FORM 990 DURING THE FIRST QUARTER OF 2020, FOLLOWED BY A SIGN-OFF BY THE FULL BOARD OF DIRECTORS IN FEBRUARY 2020. ALL BODIES REVIEWED THE DATA AND HAD THE OPPORTUNITY TO OFFER REFINEMENTS TO NARRATIVE LANGUAGE. OUR ACCOUNTING FIRM, RSM US LLP, ALSO REVIEWED THESE FORMS. THE FINAL FORM 990 WAS SUBMITTED TO THE INTERNAL REVENUE SERVICE SHORTLY AFTER REVIEW. THE COMPLETE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

ANNUALLY, EXECUTIVE TEAM MEMBERS (CURRENTLY THE THIRTEEN HIGHEST-RANKING STAFF MEMBERS) AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM DISCLOSING ANY SUCH ISSUES. EXECUTIVE TEAM MEMBER FORMS ARE REVIEWED BY THE CHIEF HUMAN RESOURCES OFFICER AND THE BOARDS' ARE REVIEWED BY THE SECRETARY TO THE BOARD TO ENSURE COMPLIANCE. ANY AREAS OF CONCERN ARE THOROUGHLY DISCUSSED AND REMEDIED AT THIS TIME AND THROUGHOUT THE YEAR. BOARD MEMBERS WITH A CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING

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ON SUCH MATTERS IN WHICH THEY HAVE A CONFLICT.

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

LINE 15A:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE FEEDING AMERICA BOARD OF DIRECTORS IS CHARGED WITH OVERSEEING ISSUES SURROUNDING EXECUTIVE PAY AND BENEFITS. COMMITTEE MEMBERS ARE FULLY INDEPENDENT OF FEEDING AMERICA MANAGEMENT, HAVE NO PERSONAL INTEREST IN EXECUTIVE COMPENSATION AND ARE NOT RELATED TO OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION IS UNDER REVIEW. THE COMMITTEE DETERMINES THE CHIEF EXECUTIVE OFFICER'S COMPENSATION BASED ON A COMPETITIVE MARKET ANALYSIS. COMPENSATION DETERMINATIONS ARE ALSO BASED ON COMPETITIVE MARKET DATA FOR DISQUALIFIED PERSONS - RECOMMENDED BY THE CEO WITH ASSISTANCE FROM THE CHIEF HUMAN RESOURCES OFFICER (OR DESIGNATED EXECUTIVE TEAM MEMBER) AND APPROVED BY THE COMMITTEE. THE COMMITTEE APPROVES ALL COMPENSATION NOTED ABOVE IN ADVANCE OF THEIR IMPLEMENTATION AND DOCUMENTS ITS DISCUSSIONS AND DETERMINATIONS.

LINE 15B:

THE EXECUTIVE COMPENSATION COMMITTEE AND FEEDING AMERICA WORK WITH A HUMAN RESOURCES CONSULTING FIRM THAT SPECIALIZES IN COMPENSATION SERVICES TO NOT-FOR-PROFIT ORGANIZATIONS, WITH A PRIMARY FOCUS ON EXECUTIVES. THEY PROVIDE DATA TO THE COMMITTEE TO EVALUATE THE REASONABLENESS OF EACH EXECUTIVE'S TOTAL CASH COMPENSATION. COMPENSATION DECISIONS ARE CONSISTENT WITH FEEDING AMERICA'S BOARD APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. COMPENSATION DECISIONS ARE DOCUMENTED IN THE MINUTES.

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

AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN

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UT, VA, WV, WI

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE FEEDING AMERICA PUBLIC WEBSITE AS WELL AS OTHER CHARITABLE RATING AGENCIES. THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE GENERAL PUBLIC UPON WRITTEN REQUEST TO THE FEEDING AMERICA NATIONAL OFFICE. GOVERNING DOCUMENTS ARE NOT CURRENTLY AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 10B:

EACH MEMBER FOOD BANK IS AN INDEPENDENT 501(C)(3) ORGANIZATION THAT ENTERS INTO A LEGAL AND BINDING CONTRACT WITH FEEDING AMERICA. THE CONTRACT DEFINES MUTUAL ACCOUNTABILITY BETWEEN BOTH PARTIES AND OUTLINES A SET OF COMPLIANCE STANDARDS THAT DETAIL ADMINISTRATIVE, OPERATING, AND NON-COMPLIANCE POLICIES. AN IN-PERSON COMPLIANCE AUDIT IS CONDUCTED BY FEEDING AMERICA EVERY 18-36 MONTHS BASED ON A MEMBER'S COMPLIANCE HISTORY. THE VISIT ALLOWS FEEDING AMERICA TO VERIFY COMPLIANCE WITH THE MEMBER CONTRACT. FAILURE TO MAINTAIN COMPLIANCE CAN RESULT IN PROBATION, MEMBER SANCTIONS AND EVEN TERMINATION, BUT TYPICALLY ONLY AFTER STEPS ARE TAKEN BY FEEDING AMERICA STAFF TO ASSIST THE MEMBER IN ACHIEVING COMPLIANCE.

FORM 990, PART VIII, LINE 10B:

PART VIII LINE 10B DOES NOT INCLUDE THE FOLLOWING DIRECT COSTS RELATED TO SUPPORT THE NATIONAL GROCERY PROGRAM: SALARIES, TECHNOLOGY, OCCUPANCY AND OFFICE EXPENSES.

FORM 990, PART IX:

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LINES 5 TO 24C INCLUDE THE FOLLOWING ALLOCATION OF INDIRECT EXPENSES:

PROGRAM SERVICES	\$4,844,182
MANAGEMENT & GENERAL	(\$7,144,641)
FUNDRAISING EXPENSES	\$2,300,458

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF GIFT ANNUITIES	-53,691.
WRITE-OFF OF PLEDGES	-410,403.
ACCRETION OF SUBLEASE	-5,281.
TOTAL TO FORM 990, PART XI, LINE 9	-469,375.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **FEEDING AMERICA** Employer identification number **36-3673599**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FEEDING AMERICA GRANTOR TRUST - 36-7640794 35 W. WACKER DRIVE, SUITE 2000 CHICAGO, IL 60610	INVESTING	ILLINOIS	1,137,019.	41,832,497.	FEEDING AMERICA

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



