

**Return of Organization Exempt From Income Tax**

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

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

**A For the 2011 calendar year, or tax year beginning** , 2011, **and ending** ,

|   |  |   |   |
|---|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>FEEDING CHILDREN EVERYWHERE INC.</b>              |   | <b>D</b> Employer Identification Number<br>27-3274349 |
|   | Doing Business As  |   | <b>E</b> Telephone number<br>(407) 688-6600           |
|   | Number and street (or P.O. box if mail is not delivered to street addr) Room/suite |   |   |
|   | P O BOX 258  |   |   |
| City, town or country State ZIP code + 4  |  | <b>G</b> Gross receipts \$ 434,714.   |   |
| SANFORD FL 32773  |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |   |
| <b>F</b> Name and address of principal officer:<br>DON CAMPBELL P O BOX 258 SANFORD FL 32773  |  | <b>H(b)</b> Are all affiliates included?<br>If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   | <b>H(c)</b> Group exemption number ▶   |   |   |
| <b>J</b> Website: ▶ N/A   |  | <b>L</b> Year of Formation: 2010 <b>M</b> State of legal domicile: FL   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |   |   |

| <b>Part I Summary</b>   |  | Prior Year                       | Current Year       |
|---|--|----------------------------------|--------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>HELP MEET ONE OF THE MOST BASIC NEEDS: FOOD the Organization along with nearly 30,000 volunteers of all ages packaged and shipped over 300,000 meals to charitable organizations in Haiti, Central America, the Caribbean and throughout the United States</u> |                                  |                    |
|   | <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>                         | 5                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .   | <b>4</b>                         | 5                  |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .  | <b>5</b>                         | 1                  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .  | <b>6</b>                         | 30,000             |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | <b>7 a</b>                       | 0.                 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . | <b>7 b</b>   |                                  |                    |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .   |                                  | 434,714.           |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .  |                                  |                    |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  |                                  | 0.                 |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .   |                                  |                    |
|   | <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .   |                                  | 434,714.           |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .   |                                  | 4,700.             |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  |                                  |                    |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .  |                                  | 34,892.            |
|   | <b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  |                                  |                    |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . .   |                                  | 0.                 |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .   |                                  | 373,680.           |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .  |                                  | 413,272.           |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .          |  | 21,442.                          |                    |
| <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) . . . . .  | 3,459.                           | 28,825.            |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .   | 789.                             | 4,713.             |
|   |  | 2,670.                           | 24,112.            |

**Part II Signature Block**

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

|  |   |  |                |
|--|---|--|----------------|
| <b>Sign Here</b>   | Signature of officer                          | Date   | 07/01/12       |
|  | DON CAMPBELL<br>Type or print name and title. | EXECUTIVE DIRECTOR   |                |
| <b>Paid Preparer Use Only</b>                                      | Print/Type preparer's name                    | Preparer's signature                                       | Date           |
|  | MIRTHA VALDES MARTIN CPA                      | MIRTHA VALDES MARTIN CPA                                   | 07/01/12       |
|  | Firm's name ▶ Mirtha Valdes Martin, CPA       | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00190037 |
| Firm's address ▶ 420 South Country Club Road<br>Lake Mary FL 32746 | Firm's EIN ▶ 59-3390156                       | Phone no. (407) 321-3554                                   |                |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [ ]

1 Briefly describe the organization's mission:

HELP MEET ONE OF THE MOST BASIC NEEDS: FOOD
the Organization along with nearly 30,000 volunteers of all ages
See Form 990, Page 2, Part III, Line 1 (continued)

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 387,654. including grants of \$ 0.) (Revenue \$ 434,714.)

PACKAGING FOOD EVENTS HELD AROUND THE COUNTRY WHERE MEALS ARE PACKED
SO THEY MAY BE SHIPPED TO RESPECTIVE ORGANIZATIONS/AGENCIES

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

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

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 387,654.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>  |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>   |     | X  |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J . . . . .</i>  |     | X  |
| <b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25. . . . .</i>                        |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II. . . . .</i>   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I . . . . .</i>  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1. . . . .</i>  |     | X  |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | X   |    |

BAA

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|   |  | Yes | No |
|---|--|-----|----|
| 1 a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | 0   |    |
| 1 b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | 0   |    |
| 1 c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   |     |    |
| 2 a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  | 1   |    |
| 2 b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) |  |     |    |
| 3 a   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| 3 b   | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O . . . . .  |     |    |
| 4 a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                   |     | X  |
| 4 b   | If 'Yes,' enter the name of the foreign country: <input type="text"/><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| 5 a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| 5 b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | X  |
| 5 c   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| 6 a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .  |     | X  |
| 6 b   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                            |  |     |    |
| 7 a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |     | X  |
| 7 b   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  |     |    |
| 7 c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| 7 d   | If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .  |     |    |
| 7 e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |     | X  |
| 7 f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| 7 g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     |    |
| 7 h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>  |  |     |    |
| 9 a   | Did the organization make any taxable distributions under section 4966? . . . . .  |     |    |
| 9 b   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:   |  |     |    |
| 10 a  | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  |     |    |
| 10 b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:  |  |     |    |
| 11 a  | Gross income from members or shareholders. . . . .   |     |    |
| 11 b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   |     |    |
| 12 a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |     |    |
| 12 b  | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |  |     |    |
| 13 a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .   |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.          |  |     |    |
| 13 b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  |     |    |
| 13 c  | Enter the amount of reserves on hand . . . . .   |     |    |
| 14 a  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| 14 b  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .  |     |    |

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 to any question 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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 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 other 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 or 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? 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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. 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is 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? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers of 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? 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 Florida
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DON CAMPBELL P O BOX 258 SANFORD FL 32773 (407) 688-6600

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

Check if Schedule O contains a response to any question in this Part VII.

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

**1 a** 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)<br>Name and title                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DONALD CAMPBELL<br>EXEC DIRECTOR | 30.00  | X   |                       |         |              |                              | 18,500. | 0.   | 0.  |   |
| (2) KRISTEN CAMPBELL<br>DIRECTOR     | 5.00   | X   |                       |         |              |                              | 12,224. | 0.   | 0.  |   |
| (3) EDWARD KOBEL<br>DIRETOR          | 2.00   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (4) NATHAN JETTER<br>DIRECTOR        | 2.00   | X   |                       |         |              |                              | 2,500.  | 0.   | 0.  |   |
| (5) ROBERT HOLLIDAY<br>DIRECTOR      | 2.00   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (6) TIM WAISENAN<br>DIRECTOR         | 2.00   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (7) _____                            |  |   |                       |         |              |                              |         |  |   |   |
| (8) _____                            |  |   |                       |         |              |                              |         |  |   |   |
| (9) _____                            |  |   |                       |         |              |                              |         |  |   |   |
| (10) _____                           |  |   |                       |         |              |                              |         |  |   |   |
| (11) _____                           |  |   |                       |         |              |                              |         |  |   |   |
| (12) _____                           |  |   |                       |         |              |                              |         |  |   |   |
| (13) _____                           |  |   |                       |         |              |                              |         |  |   |   |
| (14) _____                           |  |   |                       |         |              |                              |         |  |   |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (describe hours for related organizations in Sch O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|---|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|                       |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----            |   |   |                       |         |              |                              |  |   |   |
| (16) -----            |   |   |                       |         |              |                              |  |   |   |
| (17) -----            |   |   |                       |         |              |                              |  |   |   |
| (18) -----            |   |   |                       |         |              |                              |  |   |   |
| (19) -----            |   |   |                       |         |              |                              |  |   |   |
| (20) -----            |   |   |                       |         |              |                              |  |   |   |
| (21) -----            |   |   |                       |         |              |                              |  |   |   |
| (22) -----            |   |   |                       |         |              |                              |  |   |   |
| (23) -----            |   |   |                       |         |              |                              |  |   |   |
| (24) -----            |   |   |                       |         |              |                              |  |   |   |
| (25) -----            |   |   |                       |         |              |                              |  |   |   |

|  |         |    |    |
|--|---------|----|----|
| <b>1 b Sub-total</b> . . . . .   | 33,224. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |         |    |    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           | 33,224. | 0. | 0. |

**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 ▶ 0

|   | Yes | No |
|---|-----|----|
| <b>3</b> 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  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> . . . . . | 4   | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .                      | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0



**Part VIII Statement of Revenue**

|  |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |    |
|--|--|---|----------------------|--|---|---|----|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b>  | <b>1 a</b> Federated campaigns . . . . .   | <b>1 a</b>  |                      |  |   |   |    |
|  | <b>b</b> Membership dues . . . . .   | <b>1 b</b>  |                      |  |   |   |    |
|  | <b>c</b> Fundraising events . . . . .  | <b>1 c</b>  |                      |  |   |   |    |
|  | <b>d</b> Related organizations . . . . .   | <b>1 d</b>  |                      |  |   |   |    |
|  | <b>e</b> Government grants (contributions) . . .   | <b>1 e</b>  |                      |  |   |   |    |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . . . | <b>1 f</b>  | 434,714.             |  |   |   |    |
|  | <b>g</b> Noncash contributions included in lns 1a-1f: \$   |   |                      |  |   |   |    |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |   | 434,714.             |  |   |   |    |
| <b>PROGRAM SERVICE REVENUE</b>   | <b>2 a</b> _____ <b>Business Code</b>  |   |                      |  |   |   |    |
|  | <b>b</b> _____   |   |                      |  |   |   |    |
|  | <b>c</b> _____   |   |                      |  |   |   |    |
|  | <b>d</b> _____   |   |                      |  |   |   |    |
|  | <b>e</b> _____   |   |                      |  |   |   |    |
|  | <b>f</b> All other program service revenue . . .   |   |                      |  |   |   |    |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |   |                      |  |   |   |    |
|  | <b>OTHER REVENUE</b>   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) . . . . . ▶ |                      | 0.   | 0.                                      | 0.  | 0. |
| <b>4</b> Income from investment of tax-exempt bond proceeds . . ▶  |  |   |                      |  |   |   |    |
| <b>5</b> Royalties . . . . . ▶   |  |   |                      |  |   |   |    |
| <b>6 a</b> Gross rents . . . . .   |  | (i) Real  | (ii) Personal        |  |   |   |    |
|  |  | <b>b</b> Less: rental expenses . . . . .  |                      |  |   |   |    |
|  |  | <b>c</b> Rental income or (loss) . . . . .  |                      |  |   |   |    |
|  |  | <b>d</b> Net rental income or (loss) . . . . . ▶  |                      |  |   |   |    |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory . . . . .   |  | (i) Securities  | (ii) Other           |  |   |   |    |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .                                  |                      |  |   |   |    |
|  |  | <b>c</b> Gain or (loss) . . . . .   |                      |  |   |   |    |
|  |  | <b>d</b> Net gain or (loss) . . . . . ▶   |                      |  |   |   |    |
| <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>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.<br>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<br>and allowances . . . . . <b>a</b>  |  |   |                      |  |   |   |    |
|  | <b>b</b> Less: cost of goods sold . . . . . <b>b</b>   |   |                      |  |   |   |    |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶                                |   |                      |  |   |   |    |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>  |                      |  |   |   |    |
| <b>11 a</b> _____  |  |   |                      |  |   |   |    |
| <b>b</b> _____   |  |   |                      |  |   |   |    |
| <b>c</b> _____   |  |   |                      |  |   |   |    |
| <b>d</b> All other revenue . . . . .   |  |   |                      |  |   |   |    |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |  |   |                      |  |   |   |    |
| <b>12 Total revenue.</b> See instructions . . . . . ▶  |  |   | 434,714.             | 0.   | 0.                                      | 0.  |    |

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .   | 4,700.                       | 4,700.                                 |   |                                    |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .  |                              |  |   |                                    |
| 4 Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 33,225.                      | 28,600.                                | 4,625.  | 0.                                 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| 7 Other salaries and wages . . . . .  |                              |  |   |                                    |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  |                              |  |   |                                    |
| 9 Other employee benefits . . . . .   |                              |  |   |                                    |
| 10 Payroll taxes . . . . .  | 1,667.                       | 1,250.                                 | 417.  | 0.                                 |
| 11 Fees for services (non-employees):   |                              |  |   |                                    |
| a Management . . . . .  |                              |  |   |                                    |
| b Legal . . . . .   |                              |  |   |                                    |
| c Accounting . . . . .  | 2,000.                       | 500.                                   | 1,500.  | 0.                                 |
| d Lobbying . . . . .  |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17 . . . . .   |                              |  |   |                                    |
| f Investment management fees . . . . .  |                              |  |   |                                    |
| g Other . . . . .   | 46,533.                      | 40,763.                                | 5,770.  | 0.                                 |
| 12 Advertising and promotion . . . . .  | 13,770.                      | 13,770.                                | 0.  | 0.                                 |
| 13 Office expenses . . . . .  | 5,533.                       | 4,426.                                 | 1,107.  | 0.                                 |
| 14 Information technology . . . . .   |                              |  |   |                                    |
| 15 Royalties . . . . .  |                              |  |   |                                    |
| 16 Occupancy . . . . .  | 16,294.                      | 13,035.                                | 3,259.  | 0.                                 |
| 17 Travel . . . . .   | 22,629.                      | 22,629.                                | 0.  | 0.                                 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings . . . . .   | 3,725.                       | 3,725.                                 | 0.  | 0.                                 |
| 20 Interest . . . . .   |                              |  |   |                                    |
| 21 Payments to affiliates . . . . .   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization . . . . .  | 2,041.                       | 1,633.                                 | 408.  | 0.                                 |
| 23 Insurance . . . . .  | 1,627.                       | 1,302.                                 | 325.  | 0.                                 |
| 24 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.) . . . . .  |                              |  |   |                                    |
| a PROGRAM SERVICES - SUPPLIES   | 222,652.                     | 222,652.                               | 0.  | 0.                                 |
| b AUTOMOBILE MILEAGE REIMBURSEMENT  | 22,505.                      | 16,879.                                | 5,626.  | 0.                                 |
| c MEAL REIMBURSEMENT  | 6,681.                       | 6,013.                                 | 668.  | 0.                                 |
| d TELEPHONE   | 6,285.                       | 5,028.                                 | 1,257.  | 0.                                 |
| e All other expenses . . . . .  | 1,405.                       | 749.                                   | 656.  | 0.                                 |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .  | 413,272.                     | 387,654.                               | 25,618.                                       | 0.                                 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . . |                              |  |   |                                    |

**Part X Balance Sheet**

|                             |   | (A)<br>Beginning of year   |        | (B)<br>End of year |         |         |
|-----------------------------|---|--|--------|--------------------|---------|---------|
| ASSETS                      | 1   | Cash — non-interest-bearing . . . . .  | 3,459. | 1                  | 6,748.  |         |
|                             | 2   | Savings and temporary cash investments . . . . .   |        | 2                  |         |         |
|                             | 3   | Pledges and grants receivable, net . . . . .   |        | 3                  |         |         |
|                             | 4   | Accounts receivable, net . . . . .   |        | 4                  |         |         |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  |        | 5                  |         |         |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). . . . . |        | 6                  |         |         |
|                             | 7   | Notes and loans receivable, net . . . . .  |        | 7                  |         |         |
|                             | 8   | Inventories for sale or use . . . . .  |        | 8                  |         |         |
|                             | 9   | Prepaid expenses and deferred charges . . . . .  |        | 9                  |         |         |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .  | 10a    | 22,967.            |         |         |
|                             | b   | Less: accumulated depreciation . . . . .   | 10b    | 2,040.             | 10c     | 20,927. |
|                             | 11  | Investments — publicly traded securities . . . . .   |        |                    | 11      |         |
|                             | 12  | Investments — other securities. See Part IV, line 11 . . . . .   |        |                    | 12      |         |
|                             | 13  | Investments — program-related. See Part IV, line 11 . . . . .  |        |                    | 13      |         |
|                             | 14  | Intangible assets . . . . .  |        |                    | 14      |         |
|                             | 15  | Other assets. See Part IV, line 11 . . . . .   |        |                    | 15      | 1,150.  |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  |  | 3,459. | 16                 | 28,825. |         |
| LIABILITIES                 | 17  | Accounts payable and accrued expenses. . . . .   | 789.   | 17                 | 4,713.  |         |
|                             | 18  | Grants payable. . . . .  |        | 18                 |         |         |
|                             | 19  | Deferred revenue . . . . .   |        | 19                 |         |         |
|                             | 20  | Tax-exempt bond liabilities . . . . .  |        | 20                 |         |         |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |        | 21                 |         |         |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |        | 22                 |         |         |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .   |        | 23                 |         |         |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .   |        | 24                 |         |         |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  |        | 25                 |         |         |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |        | 789.               | 26      | 4,713.  |
| NET ASSETS OR FUND BALANCES | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b> |  |        |                    |         |         |
|                             | 27  | Unrestricted net assets . . . . .  | 2,670. | 27                 | 24,112. |         |
|                             | 28  | Temporarily restricted net assets . . . . .  |        | 28                 |         |         |
|                             | 29  | Permanently restricted net assets . . . . .  |        | 29                 |         |         |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                         |  |        |                    |         |         |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .   |        | 30                 |         |         |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |        | 31                 |         |         |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .   |        | 32                 |         |         |
|                             | 33  | <b>Total net assets or fund balances.</b> . . . . .  |        | 2,670.             | 33      | 24,112. |
|                             | 34  | <b>Total liabilities and net assets/fund balances</b> . . . . .  |        | 3,459.             | 34      | 28,825. |

BAA

Form 990 (2011)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

|   |  |   |          |
|---|--|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 434,714. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 413,272. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 21,442.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 2,670.   |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 |          |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 24,112.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |     |    |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2 b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d   | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3 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  |     |    |

BAA

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

|   |   |
|---|---|
| Name of the organization<br><b>FEEDING CHILDREN EVERYWHERE INC.</b> | Employer identification number<br><b>27-3274349</b> |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|  | Yes               | No |
|--|-------------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . | <b>11 g (i)</b>   |    |
| (ii) A family member of a person described in (i) above? . . . . .   | <b>11 g (ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  | <b>11 g (iii)</b> |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| <b>(A)</b>                         |          |   |   |    |  |    |   |    |                         |
| <b>(B)</b>                         |          |   |   |    |  |    |   |    |                         |
| <b>(C)</b>                         |          |   |   |    |  |    |   |    |                         |
| <b>(D)</b>                         |          |   |   |    |  |    |   |    |                         |
| <b>(E)</b>                         |          |   |   |    |  |    |   |    |                         |
| <b>Total</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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 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

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33-1/3% support test - 2011; 16b 33-1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

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

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .  |          |          |          | 63,441.  | 434,714. | 498,155.  |
| <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 . . . . .   |          |          |          | 63,441.  | 434,714. | 498,155.  |
| <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.) . . . . .   |          |          |          |          |          | 498,155.  |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          | 63,441.  | 434,714. | 498,155.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          | 0.       | 0.       | 0.        |
| <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 . . . . .  |          |          |          | 0.       | 0.       | 0.        |
| <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 IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .  |          |          |          | 63,441.  | 434,714. | 498,155.  |

**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 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33-1/3% support tests — 2011.** 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 — 2010.** 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. . . . .





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

FEEDING CHILDREN EVERYWHERE INC.

27-3274349

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-d, and several yes/no questions regarding monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and dollar amounts for revenues and assets.

**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 XIV.

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' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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 XIV and complete the following table:

|   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1 c    |
| d Additions during the year . . . . .     | 1 d    |
| e Distributions during the year . . . . . | 1 e    |
| f Ending balance . . . . .                | 1 f    |

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

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

|   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  |    |
| (ii) related organizations . . . . .  | 3a(ii) |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.** 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 |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land . . . . .                 |                                      |                                 |                              |                |
| b Buildings . . . . .              |                                      |                                 |                              |                |
| c Leasehold improvements . . . . . |                                      |                                 |                              |                |
| d Equipment . . . . .              | 22,967.                              |                                 | 2,040.                       | 20,927.        |
| e Other . . . . .                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 20,927.

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)            | (b) Book value | (c) Method of valuation:<br>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) -----  |                |  |
| (I) -----  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . ▶ |                |  |

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) SECURITY DEPOSIT   | 1,150.         |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . . . ▶ | 1,150.         |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . ▶ |                |

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |  |          |
|----|--|--|----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 |  | 434,714. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  |  | 413,272. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            |  | 21,442.  |
| 4  | Net unrealized gains (losses) on investments   |  |          |
| 5  | Donated services and use of facilities   |  |          |
| 6  | Investment expenses  |  |          |
| 7  | Prior period adjustments   |  |          |
| 8  | Other (Describe in Part XIV.)  |  |          |
| 9  | Total adjustments (net). Add lines 4 through 8   |  |          |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 |  | 21,442.  |

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

|   |   |            |            |          |
|---|---|------------|------------|----------|
| 1 | Total revenue, gains, and other support per audited financial statements                        |            | <b>1</b>   | 434,714. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                             |            |            |          |
|   | a Net unrealized gains on investments   | <b>2 a</b> |            |          |
|   | b Donated services and use of facilities  | <b>2 b</b> |            |          |
|   | c Recoveries of prior year grants   | <b>2 c</b> |            |          |
|   | d Other (Describe in Part XIV.)   | <b>2 d</b> |            |          |
|   | e Add lines <b>2 a</b> through <b>2 d</b>   |            | <b>2 e</b> |          |
| 3 | Subtract line <b>2 e</b> from line 1  |            | <b>3</b>   | 434,714. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                            |            |            |          |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b                              | <b>4 a</b> |            |          |
|   | b Other (Describe in Part XIV.)   | <b>4 b</b> |            |          |
|   | c Add lines <b>4 a</b> and <b>4 b</b>   |            | <b>4 c</b> |          |
| 5 | Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.) |            | <b>5</b>   | 434,714. |

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

|   |  |            |            |          |
|---|--|------------|------------|----------|
| 1 | Total expenses and losses per audited financial statements                                       |            | <b>1</b>   | 413,272. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                |            |            |          |
|   | a Donated services and use of facilities   | <b>2 a</b> |            |          |
|   | b Prior year adjustments   | <b>2 b</b> |            |          |
|   | c Other losses   | <b>2 c</b> |            |          |
|   | d Other (Describe in Part XIV.)  | <b>2 d</b> |            |          |
|   | e Add lines <b>2 a</b> through <b>2 d</b>  |            | <b>2 e</b> |          |
| 3 | Subtract line <b>2 e</b> from line 1   |            | <b>3</b>   | 413,272. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                               |            |            |          |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4 a</b> |            |          |
|   | b Other (Describe in Part XIV.)  | <b>4 b</b> |            |          |
|   | c Add lines <b>4 a</b> and <b>4 b</b>  |            | <b>4 c</b> |          |
| 5 | Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.) |            | <b>5</b>   | 413,272. |

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

Name of the organization

Employer identification number

FEEDING CHILDREN EVERYWHERE INC.

27-3274349

Pt VI, Line 12c ORGANIZATION REVIWS CONFLICT OF INTEREST POLICY ANNUALLY WITH BOARD MEMBERS AND  
OBTAINS SIGNED CONFIRMATION REGARDING SAME

Pt VI, Line 15 BOARD MEMBERS REVIEW AND APPROVE SALARY OF EXECUTIVE DIRECTOR

Pt VI, Line 11a FORM 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW PRIOR TO FILING

Pt VI, Line 2 EXECUTIVE DIRECTOR IS MARRIED TO A DIRECTOR IN THE ORGANIZATION

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

OMB No. 1545-0047

2011

|  |  |
|--|--|
| Name of the organization<br>FEEDING CHILDREN EVERYWHERE INC. | Employer identification number<br>27-3274349 |
|--|--|

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

FEEDING CHILDREN EVERYWHERE INC.

27-3274349

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|---------------|---|-------------------------------|--|
| 1             | FEZZIWIG FOUNDATION INC.<br>P O BOX 5713<br>TAMPA FL 33675                      | \$ 8,473.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2             | CAMPUS CRUSADE FOR CHRIST<br>5485 CONESTOGA COURT SUITE 230<br>BOULDER CO 80301 | \$ 22,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3             | OPEN DOOR HAITI INC.<br>P O BOX 950458<br>LAKE MARY FL 32795                    | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4             | LA FRONTIER BUILDERS INC.<br>1730 WEST MCCULLOUGH ROAD<br>OVIEDO FL 32765       | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5             | NATIONAL CHRISTIAN FOUNDATION<br>P O BOX 22774<br>TAMPA FL 33622                | \$ 62,100.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6             | MARKHAM WOODS ASSEMBLY OF GOD INC.<br>1675 DIXON ROAD<br>LONGWOOD FL 32779      | \$ 6,200.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |



Name of organization

Employer identification number

FEEDING CHILDREN EVERYWHERE INC.

27-3274349

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|---------------|--|-------------------------------|--|
| 7             | GREP SOUTHEAST LLC<br>4030 BOY SOUCT BLVD, SUITE 800<br>TAMPA FL 33607                     | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8             | JOSHUA FOUNDATION<br>2380 MIKLER ROAD<br>OVIEDO FL 32765                                   | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9             | THE CROSSING CHURCH<br>10130 TUSCANY RIDGE DRIVE<br>TAMPA FL 33619                         | \$ 62,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10            | COUNTRYSIDE CHRISTIAN CENTER INC.<br>1850 NORTH MCMULLEN BOOTH ROAD<br>CLEARWATER FL 33759 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11            | HOLLAND AND KNIGHT CHARITABLE FOUNDATION INC.<br>P O BOX 2877<br>TAMPA FL 33601            | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 12            | GRACE FAMILY CHURCH<br>5101 VAN DYKE ROAD<br>LUTZ FL 33558                                 | \$ 5,086.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|   |   |
|---|---|
| Name of organization<br><b>FEEDING CHILDREN EVERYWHERE INC.</b> | Employer identification number<br><b>27-3274349</b> |
|---|---|

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|---------------|---|----------------------------|--|
| 13            | US RACEWORKS LLC<br>-----<br>5207 HICKORY PARK DRIVE SUITE E<br>-----<br>GLEN ALLEN VA 23059<br>----- | \$ 6,681.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 14            | KFORCE INC.<br>-----<br>1001 EAST PALM AVENUE<br>-----<br>TAMPA FL 33605<br>-----                     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| -----         | -----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

FEEDING CHILDREN EVERYWHERE INC.

Identifying number

27-3274349

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)                            | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12   | ▶ 13                         |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

|    |   |                            |  |
|----|---|----------------------------|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011  | 17                         |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |  |

**Section B – Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a)<br>Classification of property | (b)<br>Month and year placed in service | (c)<br>Basis for depreciation (business/investment use only — see instructions) | (d)<br>Recovery period | (e)<br>Convention | (f)<br>Method | (g)<br>Depreciation deduction |
|-----------------------------------|---|---|------------------------|-------------------|---------------|-------------------------------|
| 19 a 3-year property              |   |   |                        |                   |               |                               |
| b 5-year property                 |   | 14,017.   | 5.0 yrs                | HY                | S/L           | 1,402.                        |
| c 7-year property                 |   | 8,951.  | 7.0 yrs                | HY                | S/L           | 639.                          |
| d 10-year property                |   |   |                        |                   |               |                               |
| e 15-year property                |   |   |                        |                   |               |                               |
| f 20-year property                |   |   |                        |                   |               |                               |
| g 25-year property                |   |   | 25 yrs                 |                   | S/L           |                               |
| h Residential rental property     |   |   | 27.5 yrs               | MM                | S/L           |                               |
|                                   |   |   | 27.5 yrs               | MM                | S/L           |                               |
| i Nonresidential real property    |   |   | 39 yrs                 | MM                | S/L           |                               |
|                                   |   |   |                        | MM                | S/L           |                               |

**Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                 |  |  |        |    |     |  |
|-----------------|--|--|--------|----|-----|--|
| 20 a Class life |  |  |        |    | S/L |  |
| b 12-year       |  |  | 12 yrs |    | S/L |  |
| c 40-year       |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary** (See instructions.)

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 2,041. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

| 24a Do you have evidence to support the business/investment use claimed? . . . . .  |                               | Yes                                       | No                         | 24b If 'Yes,' is the evidence written? . . . . .             |                        | Yes                      | No                            |                                 |  |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . |                               |   |                            |  |                        |                          | 25                            |                                 |  |
| 26 Property used more than 50% in a qualified business use:   |                               |   |                            |  |                        |                          |                               |                                 |  |
| 27 Property used 50% or less in a qualified business use:   |                               |   |                            |  |                        |                          |                               |                                 |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .  |                               |   |                            |  |                        |                          | 28                            |                                 |  |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .   |                               |   |                            |  |                        |                          |                               | 29                              |  |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|  | (a)       |           | (b)       |           | (c)       |           | (d) |    | (e) |    | (f) |    |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----|----|-----|----|-----|----|
|  | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 5 | Vehicle 6 |     |    |     |    |     |    |
| 30 Total business/investment miles driven during the year (do not include commuting miles) . . . . . |           |           |           |           |           |           |     |    |     |    |     |    |
| 31 Total commuting miles driven during the year . . . . .  |           |           |           |           |           |           |     |    |     |    |     |    |
| 32 Total other personal (noncommuting) miles driven . . . . .  |           |           |           |           |           |           |     |    |     |    |     |    |
| 33 Total miles driven during the year. Add lines 30 through 32 . . . . .                             |           |           |           |           |           |           |     |    |     |    |     |    |
|  | Yes       | No        | Yes       | No        | Yes       | No        | Yes | No | Yes | No | Yes | No |
| 34 Was the vehicle available for personal use during off-duty hours? . . . . .                       |           |           |           |           |           |           |     |    |     |    |     |    |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .               |           |           |           |           |           |           |     |    |     |    |     |    |
| 36 Is another vehicle available for personal use? . . . . .  |           |           |           |           |           |           |     |    |     |    |     |    |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

|   | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| 39 Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .  |     |    |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  |     |    |

**Part VI Amortization**

| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2011 tax year (see instructions):      |                                 |                           |                     |  |                                   |
| 43 Amortization of costs that began before your 2011 tax year . . . . .                 |                                 |                           |                     |  | 43                                |
| 44 Total. Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |  | 44                                |

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_

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

**2011**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

FEEDING CHILDREN EVERYWHERE INC.

27-3274349

Name and title of officer

DON CAMPBELL

EXECUTIVE DIRECTOR

**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 1 line in Part I.

- 1 a** Form 990 check here . . . ▶  **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . . . **1 b** 434,714.
- 2 a** Form 990-EZ check here . . . ▶  **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . **2 b** \_\_\_\_\_
- 3 a** Form 1120-POL check here . . . ▶  **b Total tax** (Form 1120-POL, line 22) . . . . . **3 b** \_\_\_\_\_
- 4 a** Form 990-PF check here . . . ▶  **b Tax based on investment income** (Form 990-PF, Part VI, line 5) . . . . . **4 b** \_\_\_\_\_
- 5 a** Form 8868 check here . . . ▶  **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . **5 b** \_\_\_\_\_

**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 2011 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 \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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 2011 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 ▶ 07/01/2012

**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 . . . . . 59781232746  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 ▶ \_\_\_\_\_

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

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Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 1 (continued)**

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Briefly describe the organization's mission:

packaged and shipped over 300,000 meals to charitable organizations in  
Haiti, Central America, the Caribbean and throughout the United States