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Form		3	U

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.



Α	For th	e 2014 calendar year, or tax year beginning and	ending		
В	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre	FEED FOUNDATION, INC.			
	Name			41-2	271492
	Initial returr		Room/suite	E Telephone number	
	Final	420 W. 14TH STREET, #6 NE		917-	388-2402
_	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	481,734.
	Amer returr	MEW YORK, NY 10014		H(a) Is this a group re	
	Appli tion pendi			for subordinates	
		^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 5 501(c) () 4 (insert no.) 4 4947(a)(1) c te: \blacktriangleright WWW • THEFEEDFOUNDATION • ORG	or 🛄 527		list. (see instructions)
-		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: NY
_	art I	Summary			State of legal domicile. IN I
	1	Briefly describe the organization's mission or most significant activities: THE	FEED F	OUNDATION I	S DEDICATED
nce	1.	TO SUPPORTING PROGRAMS AND ORGANIZATIONS	THAT	ARE EFFECTI	VELY
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			
ove	3	······································			5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
es 6	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			1
viti	6	Total number of volunteers (estimate if necessary)			5
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		847,205.	481,362.
Revenue	9	Program service revenue (Part VIII, line 2g)		0. 721.	<u> </u>
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,137.	<u> </u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		844,789.	481,734.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,177,501.	556,659.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ß		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		53,872.	66,500.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) ► 59, 18	80.		
ñ	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		49,211.	64,111.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,280,584.	687,270.
	19	Revenue less expenses. Subtract line 18 from line 12		-435,795.	-205,536.
s or				ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		287,988.	87,453.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,888.	6,889.
_		Net assets or fund balances. Subtract line 21 from line 20		286,100.	80,564.
I Pa	art 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.

Sign Here	Signature of officer LAUREN BUSH LAUREN, CHAIRMAN Type or print name and title	Date								
Print/Type preparer's name Preparer's signature Date Check PTIN Paid MARK N. BERNSTEIN MARK N. BERNSTEIN 11/16/15 # # 00004527										
Preparer	Firm's name KSM BUSINESS SERVICES, INC.	Firm's EIN 35-2123203								
Use Only	Firm's address P.O. BOX 40857									
INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-20										
May the IRS discuss this return with the preparer shown above? (see instructions)										
432001 11-0	32001 11-07-14LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2014)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2014) FEED FOUNDATION, INC.	41-2271492 Pa	age 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE FEED FOUNDATION IS DEDICATED TO SUPPORTING PROG	RAMS AND	
	ORGANIZATIONS THAT ARE EFFECTIVELY WORKING TO FIGHT		
	ELIMINATE MALNUTRITION THROUGHOUT THE WORLD.		
	N		
2	Did the organization undertake any significant program services during the year which were not listed o the prior Form 990 or 990-EZ?		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 se	ervices?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 service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	· · ·	
	revenue, if any, for each program service reported.		
1a	(Code:) (Expenses \$ 213,969. including grants of \$ 213,969.		
	FEED SUPPER IS A MONTH-LONG GRASSROOTS CALL TO ACTIO		77.0
	FROM SEPTEMBER 16 TO OCTOBER 16, WORLD FOOD DAY) TO TO COME TOGETHER WITH THEIR FAMILIES, FRIENDS, AND (
	SHARE A MEAL. BY INTENTIONALLY SHARING A MEAL WITH		
		MORE PEOPLE WHO	/
	SHARE OVER THIRTY DAYS, THE GREATER THE IMPACT WE HA		
	HAS THE POWER TO BRING MANY TOGETHER, AND TOGETHER,	WE HAVE THE POWER	
	TO BRING FOOD TO MANY.		
4b	(Code:) (Expenses \$ 127,763. including grants of \$ 127,763.		
	RUN 10 FEED 10 IS A SERIES OF RACES ACROSS AMERICA, WOMEN'S HEALTH MAGAZINE. RUN 10 FEED 10 STARTED WITH		
	RAISING MONEY AND AWARENESS FOR THE DIRE HUNGER PROD		HE
	CONCEPT WAS A SIMPLE ONE - RUN A 10K AND FEED 10 HU	NGRY PEOPLE IN YOU	R
	HOMETOWN.		
łc	(Code:)(Expenses \$ 44,485. including grants of \$ 44,485.		
+C	(Code:) (Expenses 44,485. including grants of 44,485. KARLIE'S KOOKIES IS A LICENSING AGREEMENT BETWEEN T		[
		LES FROM A SERIES	
		S SCHOOL MEALS AND)
	LOCAL MEALS IN NEW YORK CITY.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 195,335. including grants of \$ 170,442.) (Revenue \$)	
4e	Total program service expenses ► 581,552.		
32002	2	Form 990	(2014
1-07-	14 2		
81	116 757887 56779GS0000 2014.04030 FEED FOUNDATION,	INC. 567790	GS1

Form 990 (2014)

Part IV Checklist of Required Schedules

FEED FOUNDATION, INC.

	X X	 X
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3		x
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3	X	x
public office? If "Yes," complete Schedule C, Part I		х
during the tax year? If "Yes," complete Schedule C, Part II		х
 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? <i>If "Yes," complete Schedule C, Part III</i> 5		х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6		х
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		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8		x
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9		х
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10		х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
Part VI 11a		х
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		Х
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		Х
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		
Part X, line 16? If "Yes," complete Schedule D, Part IX		<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	v	
	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	x	
Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a	-	
		х
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13		x
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a		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 14b	Х	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		
	Х	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	-+	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-+	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х
1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18	-+	- 22
complete Schedule G, Part III		х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	-+	x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form **990** (2014)

432003 11-07-14

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FEED FOUNDATION, INC.

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	х	
		38	~~	

Form **990** (2014)

432004 11-07-14

Form	990 (2014) FEED FOUNDATION, INC. 41-2271	492	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2014)

432005 11-07-14

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Form 990	(2014)
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FEED FOUNDATION, INC.

Χ

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.

<u> </u>						X
Sec	tion A. Governing Body and Management				Vee	
4	Faturation when a function mouth any of the conversion body at the and of the tax years		.	5	Yes	
Ia	Enter the number of voting members of the governing body at the end of the tax year	1:		_		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
	Enter the number of voting members included in line 1a, above, who are independent	11		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip wi	th any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the		•			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			. 3		2
4	Did the organization make any significant changes to its governing documents since the prior Form	990	was filed?	. 4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets	?	. 5		Σ
6	Did the organization have members or stockholders?			. 6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?	-	-	8a	x	
a b	Each committee with authority to act on behalf of the governing body?			<u>ba</u> 8b	X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		2
	tion B. Policies (This Section B requests information about policies not required by the Internal R			9		1 4
	tion D. Foncies (mis Section B requests information about policies not required by the internal R	lever	lue Code.)		Vac	
0-				10-	Yes	<u>Ν</u> 2
	Did the organization have local chapters, branches, or affiliates?			10a		1-
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$					
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy be	efore filing the form?	' 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12 a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12 b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe			
	in Schedule O how this was done			. 12c	X	
13	Did the organization have a written whistleblower policy?			. 13		Σ
14	Did the organization have a written document retention and destruction policy?					Σ
15	Did the process for determining compensation of the following persons include a review and approv	al by	/ independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	? ?	·			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization					X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mon	t with a			
va				16a		2
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			10a		
b			• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	aniza	tion's	101		
	exempt status with respect to such arrangements?			16 b		
	tion C. Disclosure	~ ~		TT 011		
17	List the states with which a copy of this Form 990 is required to be filed NY , CO, IL, WA, C					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Se	ection 501(c)(3)s onl	y) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in S	Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflic	t of interest policy, a	and finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks	and records:			
	SCOTT FELL - 917-388-2402					
	420 W. 14TH STREET, #6 NE, NEW YORK, NY 10014					
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		• •				

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

		Check this box if neither the	organization nor an	y related or	ganization com	pensated an	 current officer. 	director,	or trustee
--	--	-------------------------------	---------------------	--------------	----------------	-------------	--------------------------------------	-----------	------------

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-101130)		and related
	below	d ual t	In stitutional trustee	L_	bldm	est co oyee	5			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			0
(1) LAUREN BUSH LAUREN	5.00									
CHAIRMAN		Х		X				0.	0.	0.
(2) DAN STANCO	5.00									
BOARD MEMBER		Х						0.	0.	0.
(3) NICOLE SEXTON	5.00									
BOARD MEMBER		х						0.	0.	0.
(4) KRISTINA FELL	15.00									
TREASURER		х		x				0.	0.	0.
(5) JENNIFER JOHNS	20.00									
MANAGING DIRECTOR		х		x				66,500.	0.	0.
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	990 (2014) FEED FOU	NDATION	, -	INC	2.					41-22	714	492	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	ss per	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	fro orga and	pensa om the anizat I relat nizati	e ion ed
									66 500		_			
	Sub-total Total from continuation sheets to Part V								66,500. 0.		0.			0.
	Total (add lines 1b and 1c)								66,500.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	0,000 of reportable				0
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey en	nplc	oyee	, or	highest compensated e	mployee on	ſ		Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su								her compensation from			3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			4		X
Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedul	e J f	or si	uch j	pers	son .					5		X
1	Complete this table for your five highest co the organization. Report compensation for										ensa	ation f	rom	
	(A) Name and business			ONE			<u>.</u>		(B) Description of s		C	(C omper		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
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Total revenue Total revenue Related or sense that of the sense the sense that of the sense the sense that of the sense the sense th	Ра	rt VI	II Statement of Revenue				
Total revenue Total revenue Related or sense that of the sense the sense that of the sense the sense that of the sense the sense th			Check if Schedule O contains a response or note to any lin	e in this Part VIII			
good set of the set of					Related or exempt function	Unrelated business	from tax under
good set of the set of	Grants	1 a	a Federated campaigns 1a				
good set of the set of		k	b Membership dues 1b				
good set of the set of	S, (c	Fundraising events 1c				
good set of the set of	Gifl	c	d Related organizations 1d				
good set of the set of	imi	e	e Government grants (contributions) 1e				
good set of the set of	rior ⊮ S	f					
good set of the set of	ibu		similar amounts not included above 1f 481,362.				
good set of the set of	ontr of C	ç	Noncash contributions included in lines 1a-1f: \$				
good 2 a b	an	ł	n Total. Add lines 1a-1f	481,362.			
Image: Section of the sectin of the section of the			Business Code				
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3 investment income (including dividends, interest, and other similar amounts) 372. 372. 4 income from investment of tax-exempt bond proceeds > 372. 372. 6 a Gross rents (i) Real (ii) Personal > > 6 a Gross rents (i) Real (ii) Personal > > > 7 a Gross amount from sales of assets other than inventory (ii) Securities (ii) Other > > > > 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 > > > > 9 a Gross income from gaming activities. See Part IV, line 19 a > > > > 9 a Gross income from gaming activities. See Part IV, line 19 a >	٩.	f					
other similar amounts) 372. 372. 4 income from investment of tax-exempt bond proceeds 372. 372. 5 Royatiles 9 372. 372. 6 a Gross rents 9 9 9 9 7 a Gross amount from sales of assets other than inventory 9 9 9 9 7 a Gross amount from sales of assets other than inventory 10 9							
4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net gain or (loss) from fundraising events		3		270			272
5 Royatties (i) Real (ii) Personal 6 Gross rents (iii) Real (iii) Personal b Less: rental expenses (iiii) Real (iii) Personal 7 Gross amount from sales of assets other than inventory (iii) Securities (iii) Other a Gross amount from sales of assets other than inventory (iii) Securities (iii) Other b Less: cost or other basis and sales expenses (iiii) Securities (iii) Other c Gain or (loss) (iiiiiiiii) (iiiii) (iiii) 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See (iiiiiiiii) (iiiiii) 9 Gross income from gaming activities. See (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				3/2.			372.
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Other d Net rental income or (loss) (iii) Other a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses (iii) Other a Gross income from fundraising events (not including \$							
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b Less: rental expenses		_					
c Rental income or (loss) (I) Securities (I) Other d Net rental income or (loss) (I) Securities (I) Other assets other than inventory (I) Securities (I) Other b Less: cost or other basis and sales expenses (I) Securities (I) Other c Gain or (loss) (I) Securities (I) Other d Net gain or (loss) (I) Securities (I) Other d Net gain or (loss) (I) Securities (I) Other d Net gain or (loss) (I) Securities (I) Other d Net gain or (loss) (I) Securities (I) Other d Net gain or (loss) (I) Securities (I) Securities d Net gain or (loss) (I) Securities (I) Securities f Gross income from fundraising events (I) Securities (I) Securities g Gross income from gaming activities (I) Securities (I) Securities (I) Securities g Gross income from gaming activities (I) Securities (I) Securities (I) Securities (I) Securities f I a Gross sales of inventory, less returns and allow							
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c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		ŀ					
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11 a			······································				
b		11 -					
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e Total. Add lines 11a-11d ► 481,734. 0. 0. 372 12 Total revenue. See instructions. ► 481,734. 0. 0. 372							
12 Total revenue. See instructions. ► 481,734. 0. 0. 372							
				481,734.	0.	0.	372.
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FEED FOUNDATION, INC.

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Part IX Statement of Functional Expenses

FEED FOUNDATION, INC.

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	210 510	21.0 51.0		
	and domestic governments. See Part IV, line 21	318,518.	318,518.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	000 141	220 141		
	individuals. See Part IV, lines 15 and 16	238,141.	238,141.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	66,500.	22 167	22 167	22 166
	trustees, and key employees	00,500.	22,167.	22,167.	22,166
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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,330.		1,330.	
С	Accounting	18,000.		18,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	2,835.		2,835.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	24,221.			24,221
15	Royalties				
16	Occupancy	6,000.	2,000.	2,000.	2,000
17	Travel	44.			44
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	BAD DEBT	7,500.			7,500
b	EVENTS	3,205.			3,205
c	DUES & SUBSCRIPTIONS	642.	481.	161.	.,
d	MISCELLANEOUS	285.	196.	45.	44
e		49.	49.		
25	Total functional expenses. Add lines 1 through 24e	687,270.	581,552.	46,538.	59,180
26	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Net Assets or Fund Balances

11 2014.04030 FEED FOUNDATION, INC.

FEED FOUNDATION,

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

Form 990 (2014)

Assets

Liabilities

Part X Balance Sheet

-		Beginning of year		End of year
1	Cash - non-interest-bearing	184,592.	1	0.
2	Savings and temporary cash investments	11,797.	2	60,968.
3	Pledges and grants receivable, net	91,599.	3	26,485.
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		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			
b	Less: accumulated depreciation 10b		10c	
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	
16	Total assets. Add lines 1 through 15 (must equal line 34)	287,988.	16	87,453.
17	Accounts payable and accrued expenses	1,888.	17	6,889.
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	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		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	1 000	25	<u> </u>
26	Total liabilities. Add lines 17 through 25	1,888.	26	6,889.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
	complete lines 27 through 29, and lines 33 and 34.	001 605		6 601
27	Unrestricted net assets	221,635.	27	6,691. 73,873.
28	Temporarily restricted net assets	64,465.	28	73,873.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
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	000 100	32	
33	Total net assets or fund balances	286,100.	33	80,564.
34	Total liabilities and net assets/fund balances	287,988.	34	87,453.

(A) Beginning of year

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(B) End of year

Form 990 (2014)

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	990 (2014) FEED FOUNDATION, INC.	41-227	1492	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34.
2	Total expenses (must equal Part IX, column (A), line 25)	2			70.
3	Revenue less expenses. Subtract line 2 from line 1	3	-205		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	286	5,1	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	80),5	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
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Form **990** (2014)

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Department of the Treasury

Internal Revenue Service

Ne

(Form	990	or	990-l	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	-	-
Open to	Pu	blic
Inspec	ctio	n

OMB No. 1545-0047

2014

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Nam	ne of t	he organization						Employer	identification number
		FEED	FOUNDATIO	N, INC.				4	1-2271492
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)			
1	Ŭ	A church, convention of ch							
2		A school described in secti							
3		A hospital or a cooperative			ection 170	γ _b γ1γΔγi	ii)		
4	\square	A medical research organiz						(iiii) Enter	the hospital's name
7		city, and state:		njunoton ward noopita					the hospital o hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	ned in
5		section 170(b)(1)(A)(iv). (C				icu by a g	overnmentar		
6				nantal unit described in	anation 1	70/61/41/41	(.)		
7	X	A federal, state, or local gov						the general	public described in
'	- 23	An organization that norma		initial part of its support	from a gov	ernmental	unit or from	ine general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An organization that norma							
		activities related to its exen							
		income and unrelated busir		e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor							
10	\square	An organization organized a	-		•				
11		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box in
	_	lines 11a through 11d that	• •			-		-	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	orted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	, and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g	-	vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o listed i		(v) Amount o		(vi) Amount of
		organization		(described on lines 1-9 above or IRC section		document?	suppor	-	other support (see
				(see instructions))	Yes	No	Instruct	lions)	Instructions)
				1		1	1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Total

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 FEED FOUNDATION, INC.

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

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	332,480.	587,130.	1,207,573.	847,205.	481,362.	3,455,750.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	332,480.	587,130.	1,207,573.	847,205.	481,362.	3,455,750.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						890,853.
6	Public support. Subtract line 5 from line 4.						2,564,897.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	332,480.	587,130.	1,207,573.	847,205.	481,362.	3,455,750.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	282.	336.	259.	721.	372.	1,970.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,457,720.
	Gross receipts from related activities,	. etc. (see instructi	ons)			12	^{3,457,720.} 89,271.
	First five years. If the Form 990 is for		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and stor		· · · ·	· ·			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	74.18 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	68.47 %
	33 1/3% support test - 2014. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	organization did nc	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	0 10% -facts-and-circumstances tes	-	-	• • • •			
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
			· · ·			edule A (Form 990	

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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.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons				1		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization'	s first. second. thi	rd. fourth. or fifth t	ax vear as a sect	ion 501(c)(3) ora	anization.
check this box and stop here	•			•		▶
Section C. Computation of Public	c Support Pe	ercentage				······ · · · · · · · · · · · · · · · ·
15 Public support percentage for 2014 (lir			column (f))		15	
16 Public support percentage from 2013						
Section D. Computation of Inves						
17 Investment income percentage for 201					17	
18 Investment income percentage from 2		`				
19a 33 1/3% support tests - 2014. If the o			on line 14 and lin			no 17 io not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2013. If the c	•					· _
line 18 is not more than 33 1/3%, chec			-			
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t			
32023 09-17-14				Sc	hedule A (Form	1 990 or 990-E
			15			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		44-		
b	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	~		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <i>line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
	Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from	Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 ion B - Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 4 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Muitiply line 5 by .035 <	Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly cab balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detal in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year (from Section

instructions).

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Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
e	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u>c</u>	Evenes from 2012			
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

0 2014.04030 FEED FOUNDATION, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

32028 09-17-14	Schedule A (Form 990 or 990-EZ)
	20
81116 757887 56779GS0000	0 2014.04030 FEED FOUNDATION, INC. 567790

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2014

Employer identification number

41-2271492

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

FEED FOUNDATION, INC.

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

41-2271492

FEED FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 5,450. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 7,700. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 11,638. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 13,624. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 8,014. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2014) 423452 11-05-14 22

56779GS1

2014.04030 FEED FOUNDATION, INC.

11381116 757887 56779GS0000

Name of organization

Employer identification number

Page 2

41-2271492

FEED FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 8 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 57,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2014) 423452 11-05-14 23

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2014.04030 FEED FOUNDATION, INC.

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41 - 2271492

FEED FOUNDATION, INC.

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

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF

56779GS1

rt III	OUNDATION, INC. Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in s columns (a) through (e) and the following	$\frac{41 - 2271492}{\text{section 501(c)(7), (8), or (10) that total more than $1,000}}$
	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000 or less	s for the year. (Enter this info. once.)
) No.	Use duplicate copies of Part III if addition	nal space is needed.	
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
			-
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
Γ			
		[
a) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			_
		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
a) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	The second second second second	and $\mathbf{7IP} \pm 4$	Delationahin of transforms to transforms
	Transferee's name, address, a		Relationship of transferor to transferee
-	Iransferee's name, address, a		
	Iransteree's name, address, a		
	Iransteree's name, address, a		
I) No. From	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
I) No. rom Part I			
a) No. From Part I			
i) No. rom Part I			
i) No. rom art I			
) No. fom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
) No. om art I		(c) Use of gift	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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2014.04030 FEED FOUNDATION, INC.

	Schedule D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					OMB No. 1545-0047 2014 Open to Public		
	ment of the Treasury I Revenue Service	Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at _{www.irs}	- aculfa				
	e of the organizati			<u>s.gov//c</u>		oloyer identificatio	n number	
	-		-	41-2271	492			
Pai	tl Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or A	ccol	ints. Complete if t	he	
	organizatio	n answered "Yes" to Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Fun	ds and other acco	unts	
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	-	on inform all donors and donor advisors in	-					
•		on's property, subject to the organization's				Yes	└── No	
6	•	on inform all grantees, donors, and donor a			-			
		ooses and not for the benefit of the donor o			Ũ	Yes	🗌 No	
Pa	impermissible priv	ation Easements. Complete if the org	anization answered "Yes" to Form 990 P					
1		servation easements held by the organizati		arriv, i				
•		n of land for public use (e.g., recreation or e	·	orically	impor	tant land area		
		f natural habitat	Preservation of a certi	-	-			
		n of open space						
2		through 2d if the organization held a quali	ied conservation contribution in the form	of a coi	nserva	ation easement on	the last	
	day of the tax yea							
				Γ		Held at the End of t	he Tax Year	
а	Total number of co	onservation easements		[2a			
b		ricted by conservation easements		F	2b			
с		vation easements on a certified historic str			2c			
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure				
	listed in the Nation	nal Register			2d			
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the	e organi	zatior	n during the tax		
	year 🕨							
4	Number of states	where property subject to conservation ea	sement is located					
5	•	tion have a written policy regarding the pe						
		orcement of the conservation easements i					└── No	
6		r hours devoted to monitoring, inspecting,	-	-	-			
7		ses incurred in monitoring, inspecting, and				\$	_	
8		vation easement reported on line 2(d) abov						
•)(4)(B)(ii)?						
9		be how the organization reports conservation	-					
	· • •	ble, the text of the footnote to the organiza	tion's financial statements that describes	the org	anizai	tion's accounting to	or	
Pa	conservation ease	ations Maintaining Collections o	f Art Historical Treasures or O	ther S	Simil	ar Assets		
		f the organization answered "Yes" to Form						
1a		elected, as permitted under SFAS 116 (AS		nent an	d hala	ance sheet works o	of art	
Ĩ	-	s, or other similar assets held for public ext						
		tnote to its financial statements that descri		100 01 1	oublie		ri arcian,	
b		elected, as permitted under SFAS 116 (AS		and ba	alance	e sheet works of ar	t. historical	
	-	similar assets held for public exhibition, e						
	relating to these it		,		<i>,</i> 1		0	
	-	ded in Form 990, Part VIII, line 1				\$		
						\$		
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financia	l gain, p	orovid	le		
		unts required to be reported under SFAS 1						
а	Revenue included	in Form 990, Part VIII, line 1				\$		
b		Form 990, Part X						
		eduction Act Notice, see the Instruction	s for Form 990.			Schedule D (Form	990) 2014	
43205 10-01-	14							
			26					

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Sche	dule D (Form 990) 2014 FEED FO	UNDATION,	INC.				41-22	7149	2 _{Pa}	age 2
Par	rt III Organizations Maintaining C	ollections of A	rt, His	storical Tr	reasures, or Ot	ner Si	milar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	ck any of the	following that are a	signific	ant use of its	collectic	n item	IS
	(check all that apply):									
а	Public exhibition	c			hange programs					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							t XIII.		
5	During the year, did the organization solicit o							-		7
De	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "Yes" t	o Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa					- 4 1 1	-ll			
1a	Is the organization an agent, trustee, custod		•					Vee		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						L	Yes		
D		and complete the it	nowing	LaDIE.				Amoun	+	
<u> </u>	Beginning balance						1c	Amour	ι <u></u>	
	Beginning balance Additions during the year						ld			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					-				
	rt V Endowment Funds. Complete i									
		(a) Current year	(b) F	Prior year	(c) Two years back	(d) Th	ree years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	1g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administered for	r the org	ganization			
	by:							0-(1)	Yes	No
	(i) unrelated organizations									
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed op roquired o						3a(ii) 3b		
4	Describe in Part XIII the intended uses of the							. 30		
	rt VI Land, Buildings, and Equipm		JWITHEIT	iunus.						
	Complete if the organization answere). Part I\	V. line 11a. S	See Form 990, Part)	Cline 1	0.			
	Description of property	(a) Cost or c				Accum		(d) Boo	k valu	e
		basis (investr				eprecia		(, 000		-
1 a	Land	· · ·	,	1						
	Buildings			1						
	Leasehold improvements									
	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line	10c.)		►			0.
							Schedule	D (For	n 990)	2014

Schedule D (Form 990) 2014

432052 10-01-14

Tart vii investments Other Ocounties.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities. Part X

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

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

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

<u> </u>	- /-		
Schedule	D (⊦orm	1 990)	2014

Sche	dule D (Form 990) 2014 FEED FOUNDATION, INC.			41-2	271492 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	488,996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	7,262.		
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	7,262.
3	Subtract line 2e from line 1			3	481,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	481,734.
Pa	rt VII Decenciliation of Expenses per Audited Einensial Stater	nanta With	Evnoncoc nor	Dates	
	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per	Retur	r n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ι.			
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ι.			694,532.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c			
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	7,262.		694,532.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	7,262.		<u>694,532.</u> 7,262.
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	7,262.	1	694,532.
1 2 b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	7,262.	1 2e	<u>694,532.</u> 7,262.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	7,262.	1 2e	<u>694,532.</u> 7,262.
1 2 2 3 4 3 4 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	7,262.	1 2e	694,532. 7,262. 687,270.
1 2 2 3 4 3 4 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	7,262.	1 2e 3 4c	694,532. 7,262. 687,270. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	7,262.	1 2e 3	694,532. 7,262. 687,270.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION OR LIABILITY FOR
INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. IN ADDITION,
THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO
BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE
INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE
YEARS ENDED DECEMBER 31, 2014 AND 2013.
THE FOUNDATION FILES U.S. FEDERAL AND STATE OF NEW YORK INFORMATION TAX

THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE **RETURNS**.

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. 432054 10-01-14 Schedule D (Form 990) 2014 29

30	Supplemental Information (continued)	
Schedule D (Form 990) 2014 30 1116 757887 56779gS0000 2014.04030 FEED FOUNDATION, INC. 56779GS1			
			Schedule D (Form 990) 2014
L116 757887 56779GS0000 2014.04030 FEED FOUNDATION, INC. 56779GS1	2055 -01-14	30	
	81116 757887 56779GS0000	2014.04030 FEED FOUNDATION	, INC. 56779GS1

SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	atas	OMB No. 1545-0047
(Form 990)	1103 15, or 16.	2014				
Department of the Treasury	-	-	Attach to Form 990.			Open to Public
Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f		Inspection
Name of the organization					Employer ic	lentification number
FEED FOUNDATION					41-227	
		ctivities Ou	tside the United States. Compl	ete if the orgar	nization answe	red "Yes" on
Form 990, Part I 1 For grantmakers. Does		maintain ragar	ds to substantiate the amount of its gr	anto and other	accietance	
	-		the selection criteria used to award th			X Yes No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistanc	e outside the
3 Activities per Region. (1	he following Par	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	expenditures
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	N/A		164,505.
CUD CAUADAN AEDICA	0	0	GRANTS TO RECIPIENTS	NT / 7		6 084
SUB-SAHARAN AFRICA	0	0	GRANIS IO RECIPIENIS	N/A		6,984.
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	N/A		66,652.
3 a Sub-total	0	0				238,141.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				238,141.

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

Schedule F (Form 990) 2014

432071 09-24-14

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FEED FOUNDATION, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO PROVIDE MEALS AND					
		EUROPE (INCLUDING	FIGHT HUNGER					
		ICELAND &	THROUGHOUT THE ENTIRE					
		GREENLAND)	WORLD	164,505.	WIRE	Ο.		
			TO PROVIDE MEALS AND					
			FIGHT HUNGER					
		SUB-SAHARAN	THROUGHOUT THE ENTIRE					
		AFRICA	WORLD	6,984.	WIRE	Ο.		
			TO PROVIDE MEALS AND					
			FIGHT HUNGER					
		MIDDLE EAST AND	THROUGHOUT THE ENTIRE					
			WORLD	66,652.	WIRE	Ο.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country.	, recognized as tax-e	xempt by		-
			n 501(c)(3) equivalency letter					0
	other organizations		······································			>		1

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

FEED	FOUNDATION,	INC
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41-2271492

Page 3

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

•

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

Schedule F (Form 990) 2014

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

Schedule F (Form 990) 2014

Part V Supplemental Information

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

PART I, LINE 2:

FEED PARTNERS CLOSELY WITH GRANTEE ORGANIZATIONS TO ENSURE THAT FUNDS ARE

USED PROPERLY.

432075 09-24-14

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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							
Department of the Treasury Internal Revenue Service	Informat	ion about Schedule I	•		t www.irs.gov/form99	0	Open to Public Inspection	
Name of the organization	D FOUNDATION, I		· · ·				Employer identification number $41 - 2271492$	
	n Grants and Assistance							
 Does the organization mainta criteria used to award the gra Describe in Part IV the organi 	nts or assistance?						tion X Yes No	
	istance to Domestic Organ				anization answered "`	Yes" to Form 990, Part	IV, line 21, for any	
1 (a) Name and address of org or government	more than \$5,000. Part II car anization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FEEDING AMERICA 35 EAST WACKER DRIVE, SUIT CHICAGO, IL 60601	E 2000 36-3673599	501(C)(3)	224,406.	0.			TO PROVIDE MEALS AND FIGHT HUNGER IN THE UNITED STATES	
CITY HARVEST 6 EAST 32ND STREET, 5TH FL NEW YORK, NY 10016	DOR 13-3170676	501(C)(3)	26,482.	0.			TO PROVIDE MEALS AND FIGHT HUNGER IN NEW YORK CITY	
US FUND FOR UNICEF 3 UNITED NATIONS PLAZA NEW YORK, NY 10017	13-1760110	501(C)(3)	11,638.	0.			TO HELP THE 768 MILLION PEOPLE AROUND THE WORLD WITHOUT ACCESS TO CLEAN WATER	
FOOD BANK FOR NYC 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	40,992.	0.			TO PROVIDE MEALS AND FIGHT HUNGER IN NEW YORK CITY	
NEW YORK COMMON PANTRY 8 E 109TH ST NEW YORK, NY 10029	13-3127972	501(C)(3)	15,000.	0.			TO PROVIDE MEALS AND FIGHT HUNGER IN NEW YORK CITY	
2 Enter total number of section			he line 1 table				<u> </u>	
3 Enter total number of other of LHA For Paperwork Reduction	*						Schedule I (Form 990) (2014)	

 Schedule I (Form 990) (2014)

 Part III
 Grants and Other A

Page 2

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

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

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

FORM 990, SCHEDULE I, PART IV

FEED FOUNDATION REQUIRES FEEDBACK FROM GRANTEE ORGANIZATIONS REGARDING

USE OF GRANT PROCEEDS.

SCHEDULE O (Form 990 or 990-EZ)

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

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

FEED FOUNDATION, INC.

Employer identification number 41 - 2271492

OMB No 1545-0047

Open to Public

Inspection

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

WORKING TO FIGHT HUNGER AND ELIMINATE MALNUTRITION THROUGHOUT THE

WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 195,335. INCLUDING GRANTS OF \$ 170,442. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

LAUREN BUSH LAUREN, KRISTINA FELL AND JENNIFER JOHNS ALL WORK AT THE SAME

COMPANY

1

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

THE FEED FOUNDATION BOARD MEMBERS WILL MEET AND REVIEW THE FORM 990

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ON AN ANNUAL BASIS.

THOSE CONFLICTS ARE DISCUSSED, ADDRESSED AND DOCUMENTED AT THE CURRENT

BOARD OR COMMITTEE MEETING.

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

THE CHAIRMAN AND TREASURER DECIDE APPROPRIATE COMPENSATION IN CONSULTATION

WITH THE VP OF FINANCE OF FEEDS PROJECTS AS WELL AS WITH INPUT FROM THE

CURRENT MANAGING DIRECTOR OF THE FEED FOUNDATION.

FORM	990,	PART	VI,	SECTION	C,	LINE	19:						
LHA For 432211 08-27-14	Paperwor	rk Reduc	ction Act	t Notice, see the	e Instr	uctions fo	or Form	1 990 or 9	90-EZ.	S	chedule	e O (Form 990	or 990-EZ) (2014)
								38					
L1381116	5 7578	887 5	6779	GS0000	20	14.04	030	FEED	FOUNDA	ATION,	INC	•	56779GS1

FEED FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XII, LINE 2C

ENTIRE BOARD ASSUMES RESPONSIBILITY FOR THESE TASKS.

432212 08-27-14

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