# PUBLIC DISCLOSURE COPY \*\* Short Form

## Form **990-EZ**

# **Return of Organization Exempt From Income Tax**

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number X Address change FEED FOUNDATION, INC. 41-2271492 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 20103 917-388-2402 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return NEW YORK, NY 10014 Application pending Number > X Accrual Cash Accounting Method: Other (specify) **H** Check ▶ if the organization is Website: ► N/A not required to attach Schedule B **Tax-exempt status** (check only one) -  $\mathbb{X}$  501(c)(3)  $\boxed{\phantom{a}}$  501(c) ( )**◄**(insert no.) 4947(a)(1) or [ (Form 990). Form of organization: X Corporation Trust \_\_\_\_ Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 86,744. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income SEE SCHEDULE O 4 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less; cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 8 86,744. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0)

SEE SCHEDULE O 74,349. 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 4,944. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 1,786. 16 Other expenses (describe in Schedule 0) 16 81,079. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) 5,665. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 23,076. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print FEED FOUNDATION, INC. 41-2271492 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 20103 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10014 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KRISTINA FELL The books are in the care of ► PO BOX 20103 - NEW YORK, NY 10014 Telephone No. ▶ 917-388-2402 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Pa	rt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to response					X
			(,	A) Beginning of year	<u> </u>	( <b>B</b> ) E	nd of year
22	Cash,	savings, and investments		18,076.	22		28,741.
23	Land	and buildings			23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE C	)	5,000.			0.
25	Total	assets		23,076.	25		28,741.
26	Total	liabilities (describe in Schedule 0)		0.			0.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		23,076.	27		28,741.
Pa	rt III	Statement of Program Service Accomplishmen	its (see the instruction	ons for Part III)			xpenses
		Check if the organization used Schedule O to resp	oond to any question	in this Part III	X		for section
What	t is the	organization's primary exempt purpose? SEE SCHEDULE C					and 501(c)(4) ons; optional for
		rganization's program service accomplishments for each of its three largest program s		In a clear and concise		others.)	ono, optional for
		be the services provided, the number of persons benefited, and other relevant information					
28	TO I	PROVIDE FUNDING FOR MEALS FOR CH	ILDREN IN SCHO	OOLS IN			
	THE				_		
					_		
	(Grants	\$\$ 25,609. ) If this amount includes foreign	arants check here	▶ [	<b>-</b> -1	28a	25,609.
	SCHO	OOL MEALS FOR CHILDREN AROUND TH	F. WORLD			LUU	23,0031
23	<u> </u>	TOTAL TENEDO TOTAL CHILDREN THEORY THE	L WOILED		-		
					-		
	(Grants	19 950 ) If this amount includes foreign	rranta abaali bara	<u> </u>	-1	29a	19,950.
		19,950.) If this amount includes foreign of PROVIDE FUNDING FOR MEALS FOR CH	grants, cneck nere			29a	19,950.
	IND		THOREM IN SCH	опо ти	-		
	тир.	LA .					
		10.050		<u> </u>	<del></del>		10 050
	(Grants		grants, check here	<b>&gt;</b> [	X	30a	19,950.
		program services (describe in Schedule O) SEE SCHE	DOPE O				0 040
	(Grants		grants, check here	<b>&gt;</b>		31a	8,840.
		program service expenses (add lines 28a through 31a)			. ▶	32	74,349.
_ ⊦a	rt IV	ı			e the in	structions fo	or Part IV)
Pa	rt IV	Check if the organization used Schedule O to res			e the in	structions fo	or Part IV)
Ра	rt IV	•	oond to any question (b) Average hours	in this Part IV	<b>d)</b> Hea	Ith benefits,	(e) Estimated
Pa	rt IV	•	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea	Ith benefits, putions to yee benefit	(e) Estimated amount of other
	rt IV	Check if the organization used Schedule O to res	oond to any question (b) Average hours	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contrib employ plans, a	Ith benefits, outions to	(e) Estimated
		Check if the organization used Schedule O to res	(b) Average hours per week devoted to	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contrib employ plans, a	Ith benefits, butions to yee benefit nd deferred	(e) Estimated amount of other
NI		Check if the organization used Schedule O to responsible (a) Name and title  E SEXTON	(b) Average hours per week devoted to	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contrib employ plans, a	Ith benefits, butions to yee benefit nd deferred	(e) Estimated amount of other
NI ME	COLI	Check if the organization used Schedule O to responsible (a) Name and title  SEXTON R	(b) Average hours per week devoted to position	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, butions to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
NI ME DA	COLI	Check if the organization used Schedule O to response (a) Name and title  E SEXTON  R  L STANCO	(b) Average hours per week devoted to position	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, butions to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
NI ME DA	COLI MBEI NIEI MBEI	Check if the organization used Schedule O to response (a) Name and title  E SEXTON  R  STANCO  R	(b) Average hours per week devoted to position  0.25	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, putions to yee benefit and deferred tensation	(e) Estimated amount of other compensation
NI ME DA ME LA	COLI MBEI NIEI MBEI UREI	Check if the organization used Schedule O to response (a) Name and title  E SEXTON  S STANCO  N BUSH LAUREN	(b) Average hours per week devoted to position  0.25	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)  0.	(d) Hea contrib employ plans, a	Ith benefits, butions to be benefit and deferred bensation	(e) Estimated amount of other compensation
NI ME DA ME LA	COLI MBEI NIEI MBEI UREI	Check if the organization used Schedule O to response (a) Name and title  E SEXTON  S STANCO  N BUSH LAUREN  PERSON	(b) Average hours per week devoted to position  0.25	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, putions to yee benefit and deferred tensation	(e) Estimated amount of other compensation
NI ME DA ME LA CH	COLI MBEI NIEI MBEI UREI AIRI	Check if the organization used Schedule O to response (a) Name and title  E SEXTON  S STANCO  R BUSH LAUREN  PERSON  INA FELL	oond to any question (b) Average hours per week devoted to position  0.25  0.25  2.00	in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Hea contrib employ plans, a	Ith benefits, putions to ree benefit nd deferred ensation  0 •	(e) Estimated amount of other compensation  0 •
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Form **990-EZ** (2021)

FEED FOUNDATION, INC. 41-2271492 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a N/A **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A **b** Gross receipts, included on line 9, for public use of club facilities N/A **40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 ► 0 • ; section 4955 ► **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization \_\_\_\_\_**>** e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > CA, FL, GA, IL, MA, NJ, NY Telephone no.  $\triangleright 917 - 388 - 2402$ **42a** The organization's books are in care of ► KRISTINA FELL Located at ▶ PO BOX 20103, NEW YORK, NY **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial X 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? Х If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b c Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

Form 990-EZ (2021)

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section

512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

								_	)	es/	No
46		rganization engage, directly or indirect							40		v
Pa	rt VI	omplete Schedule C, Part I Section 501(c)(3) Organiz	ations Only						46		Х
		All section 501(c)(3) organizations		7-49b and 52 and	d complete th	e tables for lines	s 50 and	1.51			
		Check if the organization used So	·		•						
		<u>.</u>	•							es/	No
47	Did the or	rganization engage in lobbying activiti	es or have a section 501(h) ele	ction in effect durir	ng the tax year?						
	If "Yes," c	omplete Sch. C, Part II							47		X
		anization a school as described in sec							48		X
49 a	Did the or	rganization make any transfers to an e	xempt non-charitable related o	organization?					19a		Х
		vas the related organization a section this table for the organization of the desired to the des							19b		
50		this table for the organization's five h 0,000 of compensation from the organ		,	rs, airectors, tr	ustees, and key er	npioyees	) who eac	ii recei	veu ii	юге
	ιπαπ φτοι	(a) Name and title of each er		(b) Average	hours	(C) Reportable	(d) Heal	th benefits,	(e) [	stim	ated
		(2)		per week de		ompensation (Forms W-2/1099-MISC/	contrib employ	utions to ee benefit	. ,		other
			NONE	positio	on	1099-NEC)		nd deferred ensation	com	pensa	ation
				4							
				$\dashv$							
				+							
				$\dashv$							
f	Total num	nber of other employees paid over \$10	00,000		<u> </u>						
51		this table for the organization's five h			each received	more than \$100,0	000 of co	mpensatio	n from	the	
	organizati	ion. If there is none, enter "None."	NONE								
	(a) N	lame and business address of each in	dependent contractor		<b>(b)</b> Ty	pe of service		<b>(c)</b> Co	mpen	satior	1
d	Total num	nber of other independent contractors	each receiving over \$100,000			<b>&gt;</b>					
52	Did the or	rganization complete Schedule A? No	te: All section 501(c)(3) organ	izations must attacl	n a				_	_	
								<b>▶</b> X			No
	-	s of perjury, I declare that I have exam						knowledge	and b	elief,	it is
true,	correct, ar	nd complete. Declaration of preparer (	other than officer) is based on	all information of v	vhich preparer l	nas any knowledg	e. T				
Sig	,  P	Signature of officer					Date				
Her		LAUREN BUSH LAU	REN CHATRDERS	ON							
		Type or print name and title	MIN, CHAINI LINE	7011							
	I	Print/Type preparer's name	Preparer's signature	)	Date	Check	if	PTIN			
Pai	d					self- emplo	yed				
	u parer	CASSE TATE	CASSE TATI	3	08/25/			P012			
	Only	Firm's name ► KSM BUSI		INC		Firm's EIN	▶ 35				
	··· <b>y</b>	Firm's address ► PO BOX				Phone no.	(31	.7) 5	80-	200	00
		•	POLIS, IN 4624	10							
May	the IRS dis	scuss this return with the preparer sh	own above? See instructions						Yes		No
								Fo	rm <b>99</b> (	)-EZ	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization FEED FOUNDATION, 41-2271492 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	155,607.	114,309.	9,626.	79,684.	86,740.	445,966.
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	155,607.	114,309.	9,626.	79,684.	86,740.	445,966.
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)						181,194.
6	Public support. Subtract line 5 from line 4.						264,772.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	155,607.	114,309.	9,626.	79,684.	86,740.	445,966.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	165.	192.	63.	31.	4.	455.
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	<b>Total support.</b> Add lines 7 through 10						446,421.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,353.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I					14	59.31 %
15	Public support percentage from 2020					15	70.17 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the d						. $\Box$
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		•	•		· ·	<b>.</b> .
	meets the facts-and-circumstances te	•	•	• • • • • • • • • • • • • • • • • • • •	•		
b	10% -facts-and-circumstances test	J				•	IU% or
	more, and if the organization meets the		*				<b>_</b>
	organization meets the facts-and-circu				•		
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
1		
8		
9a		
9b		
9c		
40-		
10a		
10b		
IUU		

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Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership o	f 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 su organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
	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		
Sect	ction 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		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	:		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ction 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 in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	<b>2</b> b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b	1	

Pa	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
FEED FOUNDATION, INC.	41-2271492

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED FOUNDATION, INC.

41-2271492

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>9,823.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hame, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

## FEED FOUNDATION, INC.

41-2271492

Part II	Noncash Property (see instructions). Use duplicate copies of Part	: II if additional space is needed.	1 22/14/2
(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
		<b>\$</b>	
(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
123453 11-11	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **4** 

Name of organization **Employer identification number** FEED FOUNDATION, 41-2271492 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FEED FOUNDATION, INC.

**Employer identification number** 41-2271492

FEED FOUNDATION, INC.	41-2271492
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	4.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS F	AID:
ACTIVITY CLASSIFICATION: TO PROVIDE FUNDING FOR MEALS FOR	CHILDREN IN
SCHOOLS IN THE US	
GRANTEE NAME: SHARE OUR STRENGTH	
GRANTEE ADDRESS: 1030 15TH STREET, NW, SUITE 1100 W WASHIN	IGTON, DC 20005
AMOUNT GIVEN:	25,609.
ACTIVITY CLASSIFICATION: MEALS FOR CHILDREN AND FAMILIES I	N THE US, RAISED
THROUGH FEED SUPPER	
GRANTEE NAME: FEEDING AMERICA	
GRANTEE ADDRESS: 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO,	IL 60601
AMOUNT GIVEN:	8,840.
ACTIVITY CLASSIFICATION: TO PROVIDE FUNDING FOR MEALS FOR	CHILDREN IN
SCHOOLS IN INDIA	_
GRANTEE NAME: AKSHAYA PATRA FOUNDATION USA	
GRANTEE ADDRESS: 6800 OWENSMOUTH AVE SUITE 230 CANOGA PARK	C, CA 91303
AMOUNT GIVEN:	19,950.
ACTIVITY CLASSIFICATION: SCHOOL MEALS FOR CHILDREN AROUND	THE WORLD
GRANTEE NAME: UN WORLD FOOD PROGRAM SCHOOL FEEDING	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization  FEED FOUNDATION, INC.	Employer identification number 41-2271492
GRANTEE ADDRESS: C.G. VIOLA 68 PARCO DEI MEDICI ROME, ITAI	LY 00148
AMOUNT GIVEN:	19,950.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	74,349.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES AND SUBSCRIPTIONS	969.
TAXES & LICENSES	564.
BANK CHARGES	174.
COMMISSIONS & FEES	55.
SHIPPING, FREIGHT & DELIVERY	24.
TOTAL TO FORM 990-EZ, LINE 16	1,786.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF Y	YEAR END OF YEAR
ACCOUNTS RECEIVABLE 5,0	000.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FEED I	FOUNDATION IS
DEDICATED TO SUPPORTING PROGRAMS AND ORGANIZATIONS THAT AN	RE EFFECTIVELY
WORKING TO FIGHT HUNGER AND ELIMINATE MALNUTRITION THROUGH	HOUT THE
WORLD.	
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOM	MPLISHMENTS:
MEALS FOR CHILDREN AND FAMILIES IN THE US, RAISED THROUGH	FEED SUPPER
GRANTS \$ 8,840. EXPENSES \$ 8,840.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	NDS, DIRECTLY, Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization  FEED FOUNDATION, INC.	Employer identification number 41-2271492
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	