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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	FEED MY PEOPLE 171 KINGSTON DRIVE ST. LOUIS, MO 63125
Prepared by	MARTZ & WILSON, LLP 712 HANLEY IND. CT. BRENTWOOD, MO 63144
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning	, 2017, and ending	20
or calcindar year 2017, or lisear year beginning	, 2017, and chang	, 20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

FEED MY PEOPLE 43-1264877 Name and title of officer

ROBERT WESSELS

EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only)

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

1a Form	990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,662,565.
2a Form	990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form	1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form	990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form	8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize MARTZ & WILSON, LLP	to enter my PIN	50389								
ERO firm name		Enter five numbers, t do not enter all zeros								
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.										
	As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.									
Officer's signature ▶ Date ▶										

Certification and Authentication

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

43083195989 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

990

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning and ending	ng	-						
В	Check if applicable	C Name of organization		D Employer identif	ication number					
Г	Addres	FEED MY PEOPLE								
	Name change			43-1264877						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 171 KINGSTON DRIVE	n/suite	E Telephone number 314 –	er 631–4900					
Г	termin- ated Ameno return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,700,683.					
F	return Application			H(a) Is this a group r for subordinates	77					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i						
		empt status: X 501(c)(3)	527	If "No," attach a	a list. (see instructions)					
		e: ▶ WWW.FEED-MY-PEOPLE.ORG		H(c) Group exemption						
		organization: X Corporation Trust Association Other ▶ L	L Year c	of formation: 1983	M State of legal domicile; MO					
P	art I	Summary								
ě	1	Briefly describe the organization's mission or most significant activities: FEED MY	PE	OPLE'S MISS	SION IS TO					
and	.	SHOW GOD'S LOVE AND COMPASSION TO HIS PEOPL								
Governance	2	Check this box if the organization discontinued its operations or disposed of								
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			11 9					
જ	"	Number of independent voting members of the governing body (Part VI, line 1b)			20					
ties		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			356					
Activities &		Total number of volunteers (estimate if necessary)								
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	"	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		5,615,440.	5,221,269.					
une				200,465.	196,854.					
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,133.	22,457.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,513.	221,985.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,896,551.	5,662,565.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		647,253.	899,219.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Kpe	b .	Total fundraising expenses (Part IX, column (D), line 25) 89,142.								
Ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,452,954.	4,852,016.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,100,207.	5,751,235.					
		Revenue less expenses. Subtract line 18 from line 12		-203,656.	-88,670.					
Net Assets or	3		Beg	ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		2,552,133.	2,445,297.					
et A	21	Total liabilities (Part X, line 26)		58,542.	21,335.					
		Net assets or fund balances. Subtract line 21 from line 20		2,493,591.	2,423,962.					
_	art II	Signature Block	-4-4		un lumanula dana anad haliaf ikia					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			iy kilowledge alld bellel, it is					
uut	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all illiornation of which pr	герагег	I I I I I I I I I I I I I I I I I I I						
e:	.n	Signature of officer		I Date						
Siç He		ROBERT WESSELS, EXECUTIVE DIRECTOR								
116	16	Type or print name and title								
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN					
Pai	d	CHRISTOPHER M. HOOK		if self-employ	P00195989					
	parer	Firm's name MARTZ & WILSON, LLP		Firm's EIN	01-0716655					
	Only	Firm's address 712 HANLEY IND. CT.		2						
		BRENTWOOD, MO 63144		Phone no. 31	4-646-1040					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	FEED MY PEOPLE'S MISSION IS TO SHOW GOD'S LOVE AND COMPASSION T	O HIS
	PEOPLE IN NEED IN 11 LOCAL ZIP CODE AREAS WITHIN SOUTH ST. LOUI	
	NORTHWESTERN JEFFERSON COUNTY, MISSOURI. WE PROVIDE FOOD, CLOTH	
	FINANCIAL ASSISTANCE, PERSONAL CARE ITEMS, SCHOOL SUPPLIES AND	JOB
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	165 [22]110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5 , 070 , 085 • including grants of \$) (Revenue \$)
	EMERGENCY AND LONG-TERM FOOD HELP. PROVIDED FOOD FOR 44,623 PEC	
	DURING CALENDAR 2017. INCLUDED IN THIS AMOUNT ARE SPECIALTY PRO	
	CARRIED ON BY THE ORGANIZATION INCLUDING ADOPT-A-FAMILY, FOOD FOR CHRISTMAS, EASTER & THANKSGIVING AND SPECIALITY MEATS SERVI	
	(COMPRISED OF TURKEYS, HAMS & VENISON).	CES
	(COMINIDED OF TORNETS, MARIS & VENTSON).	
	202 120	
4b	(Code:) (Expenses \$ 292,120. including grants of \$) (Revenue \$) PROVIDED OTHER ESSENTIAL LIVING ITEMS INCLUDING:)
	PERSONAL CARE ITEMS THAT CANNOT BE PURCHASED WITH FOOD STAMPS,	
	CLOTHING, SCHOOL SUPPLIES, ELDERCARE ITEMS SUCH AS WHEELCHAIRS,	WALKERS
	AND OTHER DEVICES, BABY ITEMS, FANS AND HEATERS.	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	,
1-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 5,362,205.)
4e	Total program service expenses ► 5,362,205.	Form 990 (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	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	7		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		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	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	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	441.		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

			Yes	No
20 a	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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
	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		
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
00	Schedule L, Part I	25b		Λ
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	06		Х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		21
27	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

43-1264877

Form 990 (2017) FEED MY PEOPLE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v				Щ			
				Yes	No			
С				v				
_		I	1c	Λ				
2a]						
			1	v				
b			2b	Λ				
_					Х			
			30					
48		•	,		Х			
L		accounty?	4a		22			
b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0 0 1 1 1 1 1 1 1 1								
5 0	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				Х			
	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable Ital 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, leading reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, leading reported on line 2a, did the organization file all required federal employment tax returns? 2b. Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3if it yes, "has it filed a Form 980-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; level as a bank account, securities account, or other financial account; (FBAR). Was the organization a party to a prohibitote tax shefter transaction at any time during the tax year? 5c lost instructions for filing requirements for FiroCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization appropriation that it was or is a party to a prohibitot dax shefter transaction? 5c lost any taxable party notify the organization file Form 8886-T? 5c lost organization appropriation that it was or is a party to a prohibitot dax shefter transaction? 5c lost organization appropriation that the was or is a party to a prohibitot day to a prohibitot day that year? 5d larry taxable party notify the organization file Form 8886-T? 5c lost organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that twere not tax deductible as charitable contributions? 6a lift "Yes," idol the orga				X			
			30					
oa			62		х			
h	number reported in Box 3 of Form 1096. Enter-0- if not applicable 11							
		umber reported in Box 3 of Form 1096. Enter-0- if not applicable						
7								
		rvices provided to the payor?	7a		х			
_								
		•	7с		Х			
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 of	contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	the name of the foreign country (such as a bank account, securities account, or other financial account)? the name of the foreign country: In so for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Inization a party to a prohibited tax shelter transaction at any time during the tax year? Expansion of the organization that it was or is a party to a prohibited tax shelter transaction? So 5 b 5 c 5 b 5 c 5 b 5 c 5 b 5 c 5 b 5 c 5 c						
h	to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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							
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds.							
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. 								
а			9a					
b			9b					
10		l l						
a								
		1Ub						
		المدا						
		11a						
b		445						
40-			40-					
		1 1	ıza					
		IZU						
			120					
a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a bid the organization have unrelated business gross isocome of \$1,000 or more during the year? 3 a bid 1'Yes', has if filed a Form 990-T for this year? I' 'No,' 'to line 3b, provide an explanation in Schedule O 3 bid Ax 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, isolate as bank account, securities account, or other financial account)? 4 abid I' 'Yes', enter the name of the foreign country: Isolate 3 was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 as Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 cross 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? 6 contributions that were not tax deductible as charitable contributions? 6 did 'I'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 to 1 if 'Yes,' did the organization notity the donor of the value of the goods or services provided? 7 to 2 bid the organization receive a payment in excess of \$75 made partly as a contribution of the cyan services provided? 7 to 1 i' 'Yes,' indicate the number of Forms 8282 filed during the year 8 bid the organization receive a payment in excess of \$75 made partly as a contribution of the cyan services provided? 9 to 1 i' 'Yes,' i' indica							
h	b if "Yes," has it flied a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O 4 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)? 4 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; ▶ See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for form 120 (FBAR). See instructions for this requirement for form 120 (FBAR). See in Financial Cale Calendar (FBAR). See in Financial Calendar (FBAR). See in Fina							
J		13b						
c		† †						
		r authority over, a 4a X X X X X X X X X						
			\vdash					
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	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 0.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a											
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe 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	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
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	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	ole								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	TINA LANSFORD - 314-631-4900										
	171 KINGSTON DRIVE, ST. LOUIS, MO 63125										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT WESSELS	45.00							00.505	•	
EXECUTIVE DIRECTOR	F 00	Х			<u> </u>			89,606.	0.	0
(2) BOB ZARUBA	5.00	. ,		7.					0	0
TREASURER	5.00	Х		Х	<u> </u>			0.	0.	0
(3) MARK LAUER	3.00	x		х				0.	0.	0
CHAIR (4) APRIL NORTON-GUNTHER	5.00	Δ		Λ	\vdash			0.	0.	0
CHAIR	3.00	Х						0.	0.	0
(5) DIANE WESTPHAL	5.00							•		
CO-CHAIR		x						0.	0.	0
(6) PAT MAZANEC	5.00							-		
SECETARY		Х		Х				0.	0.	0 .
(7) SALLY DEHNER	5.00									
CO-CHAIR		Х						0.	0.	0 .
(8) JOAN FERGUSON	5.00									
CO-CHAIR		Х						0.	0.	0
(9) DAVID DOETZEL	5.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0
(10) HARRY GUNTHER	5.00	l							•	
CO-CHAIR		Х			_			0.	0.	0
(11) ED KOVARIK	5.00	,,							0	0
PRESIDENT		Х			<u> </u>			0.	0.	0 .
		1								
		1								
		1								
					$ldsymbol{ld}}}}}}$					

Form **990** (2017)

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Part VII Section A. Officers, Directors,	Trustees, Key Em	ployee	es, aı	nd H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average hours per week (list any	(do no box, ur officer	t check	erson	than is bot	h an	Reportable compensation from the	Reportable compensation from related organizations		am (timated ount of other oensati	f
	hours for related organizations below	Individual trustee or director	olidi tiustee	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizatio I relate nizatio	on d
	line)	Individ	Officer	Keyem	Highes employ	Former				orga		
		-										
		<u> </u>										
		\perp		+								
1b Sub-total c Total from continuation sheets to Pa	art VII, Section A						89,606.		0.			0.
d Total (add lines 1b and 1c)	but not limited to th						89,606. eceived more than \$100),000 of reportable	0 • e			0.
-		_									Yes	No
 Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the state of t	for such individual									3		X
and related organizations greater than 5 Did any person listed on line 1a receive	\$150,000? If "Yes,	," com	plete	Sch	edule	J f	for such individual			4		X
rendered to the organization? If "Yes," Section B. Independent Contractors	•				•		<u></u>			5	\perp	X
Complete this table for your five higher	•	•							pens	ation fr	om	
(A)	the organization. Report compensation for the calendar y (A) Name and business address							services	C	(C Compen) Isation	
						\dashv						
						-						
2 Total number of independent contract		not limi	ted t	o tho	se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the or	ganization >				<u> </u>					Form 9	190 (2)	017

732008 11-28-17

08040723 131572 1804

		Check if Schedule O conta	aine a reenonee	or note to any li	ne in this Part VIII			
		Orieck ii Scrieddie O corta	airis a response	or note to arry ii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded
						exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c					
# j		Related organizations						
اڦِيْن		Government grants (contributi						
Sig		All other contributions, gifts, grant			-			
iţi e	'		· I I_	221,269.				
문원		similar amounts not included above		488,557.				
g	_	Noncash contributions included in lines						
a C	h	Total. Add lines 1a-1f			5,221,269.			
				Business Code				106 054
e S	2 a	THRIFT STORE SA	LES	452000	196,854.			196,854.
e Z	b							
S	С							
eve	d							
Program Service Revenue	е							
Pr	f	All other program service reve	nue					
	'	Total. Add lines 2a-2f			196,854.			
\rightarrow					130,031			
	3	Investment income (including			22,457.			22,457.
		other similar amounts)			44,457.			44,437.
	4	Income from investment of tax						
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, -	assets other than inventory	(i) Goodinico	(ii) Garioi				
	h	Less: cost or other basis			-			
	b							
		and sales expenses			-			
		Gain or (loss)		L				
		Net gain or (loss)		<u></u>				
e e	8 a	Gross income from fundraising	g events (not					
eu		including \$	of					
ev		contributions reported on line						
Other Reven		Part IV, line 18		103,166.				
ğ	b	Less: direct expenses	b	38,118.				
0		Net income or (loss) from fund		>	65,048.			65,048.
		Gross income from gaming ac						-
		Part IV, line 19						
	h	Less: direct expenses			-			
		Net income or (loss) from gam						
				······				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale:	s of inventory	<u></u>				
		Miscellaneous Revenu	е	Business Code				
Ī	11 a	APARTMENT SALE		531390	156,937.			156,937.
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			156,937.			
	12	Total revenue. See instructions.			5,662,565.	0.	0.	441,296.
	14	i otal lovellue. Occ illoti uetiOlio.			2,002,000	J •	J •	1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Part IX Statement of Functional Expenses							
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).			
Check if Schedule O contains a response or note to any line in this Part IX							
	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		·		·		
	and domestic governments. See Part IV, line 21						
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						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,	00 606	60 027	22 401	7 160		
	trustees, and key employees	89,606.	60,037.	22,401.	7,168.		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
_	persons described in section 4958(c)(3)(B)	635,115.	425,527.	150 770	50,809.		
7	Other salaries and wages	033,113.	423,327.	158,779.	30,009.		
8	Pension plan accruals and contributions (include	14,048.	9,412.	3,512.	1 101		
_	section 401(k) and 403(b) employer contributions)	103,166.	69,121.	25,792.	1,124. 8,253.		
9	Other employee benefits	57,284.	38,380.	14,321.	4,583.		
10 11	Payroll taxes Fees for services (non-employees):	37,204.	30,300.	14,521.	4,303		
a b	Management	5,800.		5,800.			
	LegalAccounting	10,719.		10,719.			
	Lobbying						
e	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 O.)						
12	Advertising and promotion	11,790.	10,611.		1,179.		
13	Office expenses	17,488.	13,116.	3,498.	874.		
14	Information technology						
15	Royalties						
16	Occupancy	56,706.	43,097.	10,207.	3,402.		
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	1,798.	899.	809.	90.		
20	Interest						
21	Payments to affiliates	00 101	60.465	14 704	4 020		
22	Depreciation, depletion, and amortization	82,191. 47,511.	62,465. 36,108.	14,794. 8,552.	4,932.		
23	Insurance	4/,511.	30,100.	0,334.	2,851.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а	DONATED FOOD AND MATERI	4,488,462.	4,488,462.				
b	REPAIRS AND MAINTENANCE	31,130.	23,659.	5,603.	1,868.		
С	PRINTING AND PUBLICATIO	26,003.	19,502.	5,201.	1,300.		
d	VEHICLE EXPENSE	13,091.	13,091.	0.	0.		
е	All other expenses	59,327.	48,718.	9,900.	709.		
25	Total functional expenses. Add lines 1 through 24e	5,751,235.	5,362,205.	299,888.	89,142.		
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						

Form **990** (2017)

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

Form 990 (2017) Part X Balance Sheet

	Check if Schedule O contains a response or not		" · " · D · L · V			
	Check if Schedule O contains a response of not	e to any	line in this Part X			<u></u>
				(A)		(B)
						End of year
1					1	212,398.
2				19,460.	2	4,800.
3					3	27,000.
4					4	
5	Loans and other receivables from current and for	ormer of	ficers, directors,			
	trustees, key employees, and highest compensation	ated em	ployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
7				22 254	7	10.001
8					8	12,831.
9	Prepaid expenses and deferred charges		L	19,014.	9	13,430.
10a			0 616 806			
	basis. Complete Part VI of Schedule D	10a	2,616,796.	1 (02 420		1 520 105
b	Less: accumulated depreciation					1,538,187.
11				714,460.		636,651.
12						
13						
14						
15				0 550 100	15	0 445 007
16						2,445,297.
				58,542.		15,335.
						6 000
						6,000.
					21	
22						
			_			
					24	
25	, , ,	,				
	•	•	·		05	
26				58 542.		21,335.
20	<u> </u>			30,312.	20	21,555.
			There I and			
27				2.433.995.	27	2,295,479.
						128,483.
	D			35 7 35 35		
23					25	
		JU 300 ₁	,, sok nore			
30					30	
33				2,493,591.	33	2,423,962.
				2,552,133.	34	2,445,297.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquality section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Total assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal to the program of the	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former of trustees, key employees, and highest compensated em Part II of Schedule L 6 Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958(employees' beneficiary organizations of section 501 employees' beneficiary organizations (see instr). Complet Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3: 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule L 22 Loans and other payables to current and former officers key employees, highest compensated employees, and complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third Unsecured notes and loans payable to unrelated third Deferred revenue 25 Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 7 Temporarily restricted net assets 9 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 12 Paid-in or capital surplus, or land, building, or equipment and complete lines 30 thro	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)), persons described in section 4958(n)(3)(B), and contributing employers and sponsoring organizations of section 501(n)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,616,796. 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 1 Other assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	Cash - non-interest-bearing 156, 916.	Cash - non-interest-bearing 1.56 , 9.16 , 1

Form **990** (2017)

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	5,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,75		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,49		
5	Net unrealized gains (losses) on investments	5	1	9,0	41.
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	2,42	3,9	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	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 required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2017**

Open to Public Inspection

Employer identification number Name of the organization FEED MY PEOPLE 43-1264877 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	697,959.	635,049.	5173520.	5615440.	5221269.	17343237.
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						1 = 0 1 0 0 0 =
4	Total. Add lines 1 through 3	697,959.	635,049.	5173520.	5615440.	5221269.	17343237.
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)						
	Public support. Subtract line 5 from line 4.						17343237.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 635, 049.	(c) 2015 5173520.	(d) 2016	(e) 2017	(f) Total 17343237.
7	Amounts from line 4	697,959.	635,049.	5173520.	5615440.	5221269.	17343237.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	79,768.	89,677.	25,743.	32,133.	22,457.	249,778.
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.)	165,878.	171,121.	199,831.	200,465.		934,149.
11	Total support. Add lines 7 through 10						18527164.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2017 (I					14	93.61 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	91.64 %
16a	33 1/3% support test - 2017. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>
b	33 1/3% support test - 2016. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		and see instruction	

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						+
	Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						<u> </u>
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	+
	endar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
15	Public support percentage for 2017 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	i ilvate loulluation. Il tile organization	n ala noi bilech a	. DUA UIT III IC 14, 18	a, or rob, crieck t	ו ווים טטא מווע שכל וו	1311 UU 11 UI 11	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b 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 (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 (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 or 990-EZ).
- 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 or 990-EZ).
- 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 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 in 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 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		
	3a		
	3b		
	0-		
	3с		
	4a		
	2		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	00 05 00	00 E7	

Pa	rt IV Supporting Organizations (continued)			
	, it is a (ostrollada)		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
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 Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	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 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	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	[₹]	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
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 the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
88	Breakdown of line 7:			
	Excess from 2013			
<u>b</u>	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,					
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

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

501(c)(3) taxable private foundation

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.

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

General Rule

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

Special Rules

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

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

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

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

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) (2017)

Name of organization

Employer identification number

43-1264877

I alti	Continuators (see instructions). Ose duplicate copies of Fart III addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST. LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	\$ 2,057,190.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WALMART 702 SW 9TH ST. BENTONVILLE, AR 72716	\$ 157,073.	Person Payroll Noncash X (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.)
(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.)

FEED MY PEOPLE

43-1264877

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
1	9		
		\$ 2,057,190.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
raiti	FOOD		
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
raiti			
		\$	

Name of organization Employer identification number 43-1264877 FEED MY PEOPLE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FEED MY PEOPLE

Employer identification number 43-1264877

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of praints from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization is property, subject to the organization's exolusive legal control? 6 Did the organization informal grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exolusive legal control? 7 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purpose send protein use (e.g., recreation) Preservation or Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	Pai	t I Organizations Maintaining Donor Advise	ed Funds or O	ther Similar Fund	ds or Accou	Ints Complete if the
Total number at end of year	ı aı				us of Accou	GITTS: Complete if the
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Protection of natural habitat		Preservation of land for public use (e.g., recreation or e	education)	\Box Preservation of a hi	storically impo	rtant land area
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements an a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or Other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 6 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in it			Ĺ	\neg		
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in social property in the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen		-				
listed in the National Register	C .					
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	a					
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?		violations, and enforcement of the conservation easements i	it holds?			L Yes L No
 ▶ \$	6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violat	ions, and enforcing co	onservation eas	sements during the year
 ▶ \$						
Boos each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations,	and enforcing conser	vation easeme	nts during the year
and section 170(h)(4)(B)(ii)?		▶ \$				
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Conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included on Form 990, Part VIII, line 1 Assets included on Form 990, Part VIII, line 1	9	In Part XIII, describe how the organization reports conservation	ion easements in	its revenue and expen	se statement,	and balance sheet, and
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b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1		historical treasures, or other similar assets held for public exl	hibition, education	n, or research in furthe	erance of public	service, provide, in Part XIII,
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2					
a Revenue included on Form 990, Part VIII, line 1	_	-			5 ., [
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Schedule D (Form 990) 2017

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Othe	er Simi	lar Asse	t s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	at are a si	ignifican	t use of its	collection	n item	าร
	(check all that apply):										
а	Public exhibition	d	Ш	Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations of	of art, h	istorical trea	asures, or oth	er similar	assets	_	_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	-	te if the	organizatio	on answered	"Yes" on	Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		-						_		7
	on Form 990, Part X?							L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing	table:				-			
									Amount	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year							-			
	Ending balance								1		T
	Did the organization include an amount on Fo							∟	Yes		∐ No
Pai	If "Yes," explain the arrangement in Part XIII.										
Fai	T V Endowment Funds. Complete if				1			voore book	(a) Four	. vooro	book
4.	Paninning of war halana	(a) Current year	(a) F	Prior year	(c) Two yea	IS Dack	(a) Tillee	years back	(e) Four	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	ant year and balana	a (lina 1	a salumn (a\\ bald aa:						
2	Provide the estimated percentage of the curr	ent year end balanc	e (iirie i %	g, column (a)) rielu as.						
	Board designated or quasi-endowment Permanent endowment	%									
	Temporarily restricted endowment	% %									
C	The percentages on lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posses	•	ation the	at are held s	and administs	ered for t	he organ	ization			
Ou	by:	331011 OF THE OFGATHER	ation the	at are ricid t	ina aaniiniist	orca for ti	ic organ	πεατίστι	Г	Yes	No
	(i) unrelated organizations								3a(i)	100	110
	(ii) related organizations								· - ` · ·		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								. [32]		<u> </u>
	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part I	V, line 11a. 9	See Form 990	D, Part X,	line 10.				
	Description of property	(a) Cost or of			t or other		ccumula	ted	(d) Bool	k valu	e
	,	basis (investm		basis	(other)	dep	oreciatio	n	` ,		
1a	Land			27	3,700.				27	3,7	00.
	Buildings				1,323.	-	798,2	236.	1,17		
	Leasehold improvements										
	Equipment			18	37,960.	1	L50,6	42.	3 '	7,3	18.
	Other			18	33,813.	1	L29,7	731.			82.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	10c.)			🕨	1,53	8,1	87.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FEED MY PEOI	PLE		43-	-1264877 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation: 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.	5 000 D 1 11 / 1	44 0 5 000 5		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value			-of-year market value
	(b) Book value	(C) Welliod of Valu	dation. Cost of end	-or-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" of	on Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.	
	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.)		▶	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of			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 □

Schedule D (Form 990) 2017

Pal	Reconciliation of Revenue per Audited Financial		Revenue per Re	turn	•
	Complete if the organization answered "Yes" on Form 990, Part IV				E 601 606
1	Total revenue, gains, and other support per audited financial statements			1	5,681,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	10 041		
а	Net unrealized gains (losses) on investments		19,041.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	,	" 			10 041
_	Add lines 2a through 2d			2e	19,041.
3	Subtract line 2e from line 1			3	5,662,565.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)				0
_	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	(12.)	Evnences ner F	5	5,662,565.
Pa	rt XII Reconciliation of Expenses per Audited Financial		Expenses per F	ietu	m.
	Complete if the organization answered "Yes" on Form 990, Part I		-		E 7E1 22E
1	Total expenses and losses per audited financial statements			1	5,751,235.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
	Other (Describe in Part XIII.)				0
_	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,751,235.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			0
_	Add lines 4a and 4b		·····-	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines VIIII Supplemental Information	ne 18.)		5	5,751,235.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			Part :	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provice	de any additional informa	ation.		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

	Go to www.iis.gov/Form990	ior the	alates	st instructions.	<u> </u>	
Name of the organization FEED MY	PEOPLE				43-1264	entification number 877
Part I Fundraising Activities required to complete this par	 Complete if the organization answett. 	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following solicitates of Solicitates of Solicitates of Special solicitates or oral agreement with any individual solicitates or entities (fundraisers) pursuring seeds for the solicitates of the	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			>	A.C.		
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from r	egistration

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

	edu I rt I	le G (Form 990 or 990-EZ) 2017 FEED MY I Fundraising Events. Complete if the		l "Yes" on Form 990, Parl		1264877 Page 2 more than \$15,000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MANNIA MADOII	EACHTON CHOW	12	(add col. (a) through
			(event type)	FASHION SHOW (event type)	(total number)	col. (c))
nue			(CVCIII type)	(event type)	(total number)	
Revenue	1	Gross receipts	22,432.	28,463.	52,271.	103,166.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	22,432.	28,463.	52,271.	103,166.
	<u> </u>	Gloss income (line 1 minus line 2)	22,1321	20,1001	32/2/20	200,200
	4	Cash prizes				
S	5	Noncash prizes				
suse	6	Rent/facility costs				
Direct Expenses	Ů	Trong racinty cools				
ect	7	Food and beverages				
Ä						
	8	Entertainment	1 110	14,916.	21,790.	38,118.
	9 10	Other direct expenses		14,510.		38,118.
		Net income summary. Subtract line 10 from I				65,048.
Pa	rt I					•
		\$15,000 on Form 990-EZ, line 6a.				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billigo/progrossive billige		coi. (a) tillough coi. (c)
Ä	1	Gross revenue				
es	2	Cash prizes				
Sens	2	Noncash prizes				
ct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Y 0/	N 0/		
	6	Volunteer labor	Yes % No	Yes %	└── Yes % ── No	
	0	volunteer labor	140		NO	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				
	_					
10-	\^/-	are any of the organization's seminalisation	avakad augrandadt	arminated during the tarri	voor?	Voc. No.
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
h	If "	Yes " explain.				

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 FEED MY PEOPLE 43-1	264	877	Page 3
	Does the organization conduct gaming activities with nonmembers?	,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ,	Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sum_{\text{quantum}}\$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16				
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ines 9,	9b, 10	b, 15b,
	13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990 or 990-EZ)	FEED MY	PEOPLE			43-1264877	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continu	ıed)				
	• •	,	,				
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

FEED MY PEOPLE

Employer identification number 43-1264877

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contribution	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		104,638.			
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	21,245.			
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X		4,328,027.			
20	Drugs and medical supplies	X	1	15,250.			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		1	10 205			
25	Other \triangleright (DONATED OTHER)	X	1	19,397.			
26	Other ()						
27	Other ()						
28	Other ()		<u> </u>				
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		Vac	Na
20-	During the year did the evapoination receive h	v oontributie	an any nyanasty va	antad in Dort I lines 1 throug	sh 00 that it	Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat					0-	X
h	exempt purposes for the entire holding period	<i>'</i>				0a	122
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	policy that r	oquires the review	of any ponetandard contribu	ttions?	31	Х
31	Does the organization have a gift acceptance	•	•	•		21	1
	contributions?		•	cit, process, or sell noncash	_	2a	х
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						
ΙЦΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	0	Schedule M (- OOC	V 2017

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

FEED MY PEOPLE

Employer identification number 43-1264877

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CODE AREAS WITHIN SOUTH ST. LOUIS AND NORTWESTERN JEFFERSON COUNTY, MISSOURI. WE PROVIDE FOOD, CLOTHING, FINANCIAL ASSISTANCE, PERSONAL CARE ITEMS, SCHOOL SUPPLIES AND JOB COUNSELING. ALL CLIENTS ARE AT OR BELOW THE FEDERAL POVERTY LEVEL. DURING 2017, 44,623 INDIVIDUALS WERE ASSISTED. 34% WERE CHILDREN, 14% WERE ELDERLY, AND THE REMAINING 52% WERE ADULTS, MANY OF WHICH WERE SINGLE PARENTS, 33% OF WHICH WERE DISABLED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COUNSELING. ALL CLIENTS ARE AT OR BELOW THE FEDERAL POVERTY LEVEL. DURING 2017 44,623 INDIVIDUALS WERE ASSISTED. 34% WERE CHILDREN, 14% WERE ELDERLY, AND THE REMAINING 52% WERE ADULTS, MANY OF WHICH WERE SINGLE PARENTS, 33% OF WHICH WERE DISABLED.

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

APRIL NORTON-GUNTHER (CHAIRMAN) AND HARRY GUNTHER (CO-CHAIR) ARE MARRIED.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE CORPORATE RETURN IS DRAFTED AND PRESENTED TO THE EXECUTIVE DIRECTORS AND CHIEF FINANCIAL OFFICER FOR REVIEW. THE RETURN IS THEN REVIEWED IN CONJUNCTION WITH THE AUDIT OF THE FINANCIAL STATEMENTS AND ANY ISSUES ARE DISCUSSED AND ADDRESSED IF NECESSARY WITH THE MEMBERS OF THE ABOVE COMMITTEE BEFORE FINALIZATION AND FILING OF THE 990.

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

Schedule O (Form 990 or 990-EZ) (2017)

08040723 131572 1804

Name of the organization FEED MY PEOPLE	Employer identification number 43-1264877
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL KEY EMPLOYEES AND OFFICERS ARE MADE AWARE OF THE CONF	LICT OF INTEREST
POLICY AND THEIR OBLIGATION TO DISCLOSE ANY POTENTIAL CON	FLICTS. WHEN
DEALING WITH MAJOR VENDORS, OR WHEN BIDDING OUT LARGE JOE	S, THE VENDOR WILL
BE ASKED TO DISCLOSE ANY RELATIONSHIPS THAT THEY HAVE WIT	H ANY OF THE
ORGANIZATION'S EMPLOYEES OR OFFICERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION PROCESS FOR TOP OFFICIAL MANAGEMENT COMPENSA	TION IS BASED ON
SERVICE TIME AND COMPARABLE SALARIES FOR COMPARABLE POSIT	IONS. BOARD
APPROVAL IS REQUIRED FOR ALL SALARY ADJUSTMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ANNUAL FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZ	ATION'S WEBSITE.
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES IN THE OVERSIGHT PROCESS OR SELECTI	ON PROCESS
DURING THE TAX YEAR.	

1804___1

Form **8868**

(Rev. January 2017)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on 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.

must ı	use Form 7004 to request an extension of time to file income	e tax retui		_		
	T.,				r's identifying	
Type	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification r	number (EIN) or
print	FEED MY PEOPLE				43-1264	1877
File by t due date filing you	for Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity number ((SSN)
return. S instructi	ee	reign add	lress, see instructions.			
Enter	the Return Code for the return that this application is for (file	a separa	ate application for each return)			0 1
Applic	eation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 4	4720 (individual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-T (trust other than above) 06 Form 8870						12
Tel ■ If ti ■ If ti box 1	request an automatic 6-month extension of time until for the organization named above. The extension is for the comparison is calendar year 2017 or tax year beginning	in the Ur Group Exe and atta NOVEI organizatio , an	Fax No. inted States, check this box emption Number (GEN) . If the list with the names and EINs of MBER 15, 2018 , to file on's return for: d ending	f this is for	the whole groers the extensing the extension of the exten	on is for.
2	If the tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reas	on:	-ınaı returi	n	
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
	nonrefundable credits. See instructions.	01 0003,	enter the terrative tax, less arry	За	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	v refundable credits and	Ja	Ψ	
	estimated tax payments made. Include any prior year overp		•	3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pay			- 5.5	-	
	by using EFTPS (Electronic Federal Tax Payment System). S			3с	\$	0.
Cautio	on: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-E	O for payment

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for paymen instructions.

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

Form 8868 (Rev. 1-2017)