

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.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FEED MORE, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1415 RHOADMILLER ST**
 City or town, state or province, country, and ZIP or foreign postal code: **RICHMOND, VA 23220**

D Employer identification number: **54-1150923**

E Telephone number: **804-521-2500**

F Name and address of principal officer: **BRANDON THORNE**
SAME AS C ABOVE

G Gross receipts \$: **74,729,160.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.FEEDMORE.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1980** **M** State of legal domicile: **VA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FEEDMORE'S MISSION IS TO FIGHT HUNGER IN CENTRAL VIRGINIA. WE ARE THE CORE HUNGER RELIEF	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	133
6 Total number of volunteers (estimate if necessary)	5550
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 39	0.
8 Contributions and grants (Part VIII, line 1h)	56,919,249.
9 Program service revenue (Part VIII, line 2g)	3,903,720.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	299,201.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150,562.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,272,732.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,674,065.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,141,404.
16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,434,810.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,252,187.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,067,656.
19 Revenue less expenses. Subtract line 18 from line 12	2,205,076.
20 Total assets (Part X, line 16)	28,929,394.
21 Total liabilities (Part X, line 26)	1,179,412.
22 Net assets or fund balances. Subtract line 21 from line 20	27,749,982.

Part II Signature Block

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

Sign Here
 Signature of officer: **Brian Davis**
 Date: **11/15/20**
 Type or print name and title: **BRIAN DAVIS, TREASURER**

Paid Preparer Use Only
 Print/Type preparer's name: **MATTHEW O MCDONALD**
 Preparer's signature: **Matthew O McDonald**
 Date: **11/15/20**
 Check if self-employed PTIN: **P00400690**
 Firm's name: **KEITER, STEPHENS, HURST, GARY & SHREAVES, PC**
 Firm's EIN: **54-1631262**
 Firm's address: **4401 DOMINION BLVD**
GLEN ALLEN, VA 23060
 Phone no. (804) 747-0000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FEEDMORE'S MISSION IS TO FIGHT HUNGER IN CENTRAL VIRGINIA. WE ARE THE CORE HUNGER RELIEF ORGANIZATION SERVING CHILDREN, FAMILIES, AND SENIORS WITHIN OUR 34 CITY AND COUNTY SERVICE AREA.

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

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

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

4a (Code:) (Expenses \$ 61,734,254. including grants of \$ 54,347,048.) (Revenue \$ 1,890,886.) FEEDMORE'S FOOD BANK SERVES APPROXIMATELY ONE-THIRD OF THE COMMONWEALTH OF VIRGINIA'S AREA ACROSS 34 CENTRAL VIRGINIA CITIES AND COUNTIES. IN PARTNERSHIP WITH OVER 269 FOOD PANTRIES AND SOUP KITCHENS, WE DISTRIBUTED OVER 32 MILLION POUNDS OF PRODUCE, PROTEIN, AND NON-PERISHABLE FOODS IN FY 2020, OR APPROXIMATELY 88,000 POUNDS EACH DAY. IN ADDITION TO THE FOOD DISTRIBUTION CENTER, THE FOOD BANK'S OTHER CENTRAL PROGRAMS INCLUDE MOBILE PANTRY, WHICH DELIVERS GROCERIES EACH MONTH TO APPROXIMATELY 3,400 HOUSEHOLDS IN 31 LOCATIONS THAT DO NOT HAVE ADEQUATE ACCESS TO A GROCERY STORE; AND CHILDHOOD NUTRITION PROGRAMS KIDS' CAFE (OVER 450,000 MEALS AND SNACKS ARE SERVED ANNUALLY TO 4,000 CHILDREN), BACKPACKS (ANNUALLY NEARLY 52,000 ARE SENT HOME WITH APPROXIMATELY 2,400 CHILDREN REPRESENTING 52 SCHOOLS), WHICH HELP

4b (Code:) (Expenses \$ 2,891,009. including grants of \$ 2,065,912.) (Revenue \$ 1,773,019.) FEEDMORE'S CENTRAL SENIOR NUTRITION PROGRAM, MEALS ON WHEELS, PROVIDES UP TO TWO MEALS EACH DAY TO OVER 2,350 HOMEBOUND SENIORS WHO ARE UNABLE TO COOK FOR THEMSELVES LIVING IN 21 CITIES AND COUNTIES. VOLUNTEERS HELP PREPARE, PACK, AND DELIVER MEALS THAT REFLECT THE MEDICALLY NECESSARY RESTRICTIONS OF 14 THERAPEUTIC DIETS TO INDIVIDUALS LIVING ON ONE OF 93 DIFFERENT DELIVERY ROUTES. MEALS ON WHEELS STAFF AND VOLUNTEERS ALSO PROVIDE A DAILY SAFETY CHECK TO THESE SENIORS HELPING ENSURE THEY ARE ABLE TO CONTINUE TO LIVE INDEPENDENTLY IN A SAFE ENVIRONMENT BRINGING COMFORT AND CONFIDENCE TO BOTH THE CLIENT AND HIS OR HER FAMILY.

4c (Code:) (Expenses \$ 3,034,704. including grants of \$) (Revenue \$ 1,063,978.) THE COMMUNITY KITCHEN IS FEEDMORE'S PRODUCTION QUALITY FACILITY THAT PREPARES THE MEALS AND SNACKS PROVIDED THROUGH FEEDMORE'S CENTRAL HUNGER RELIEF PROGRAMS. EACH DAY, WELL-TRAINED AND CERTIFIED STAFF AND DEDICATED VOLUNTEERS CREATE MEALS THAT ARE NUTRITIOUS, APPEALING, AND REFLECT THE INDIVIDUAL NEEDS OF CLIENTS WHO HAVE SPECIFIC DIETARY NEEDS.

FOR MORE DETAIL ON ANY OF THESE GENERALLY OUTLINE PROGRAMS, PLEASE VISIT OUR WEBSITE AT FEEDMORE.ORG OR CONTACT THE FEEDMORE DEVELOPMENT OFFICE AT 804-716-3249.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 67,659,967.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 55	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section 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 on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
DOUG PICK - 804-521-2500
1415 RHOADMILLER STREET, RICHMOND, VA 23220

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIM BEANE DIRECTOR	2.00	X					0.	0.	0.	
(2) JORY BERSON DIRECTOR	2.00	X					0.	0.	0.	
(3) DR. VALERIE BOWMAN DIRECTOR	2.00	X					0.	0.	0.	
(4) CELESTE COOPER DIRECTOR	2.00	X					0.	0.	0.	
(5) BRIAN S. DAVIS DIRECTOR	2.00	X					0.	0.	0.	
(6) DWIGHT JONES DIRECTOR	2.00	X					0.	0.	0.	
(7) CHRIS KANTNER DIRECTOR	2.00	X					0.	0.	0.	
(8) KAMRAN RAIKA DIRECTOR	2.00	X					0.	0.	0.	
(9) ELLERY SEDGWICK DIRECTOR	2.00	X					0.	0.	0.	
(10) CRYSTAL B. WERSCHNING DIRECTOR	2.00	X					0.	0.	0.	
(11) KEITH WINDLE DIRECTOR	2.00	X					0.	0.	0.	
(12) DANNY ROBINSON CHAIRPERSON	2.00	X		X			0.	0.	0.	
(13) THOMAS P. ROHMAN VICE CHAIR	2.00	X		X			0.	0.	0.	
(14) DAN SCARVEY TREASURER	2.00	X		X			0.	0.	0.	
(15) RICHARD E. CORE, JR. SECRETARY	2.00	X		X			0.	0.	0.	
(16) DOUGLAS PICK CHIEF EXECUTIVE OFFICER	40.00			X			249,112.	0.	26,787.	
(17) TIMOTHY MCDERMOTT CHIEF DEVELOPMENT OFFICER	40.00			X			169,740.	0.	22,931.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD GLIOT CHIEF OPERATIONS OFFICER	40.00			X				160,570.	0.	16,552.
(19) JULIE LEATHERMAN CHIEF FINANCIAL OFFICER	40.00			X				160,277.	0.	30,449.
(20) MARYCATHERINE SAVAGE CHIEF HUMAN RESOURCES OFFI	40.00			X				88,709.	0.	14,189.
(21) SUZANNE ROHLER DIR OF BRAND MARKETING	40.00			X				109,608.	0.	15,334.
1b Subtotal								938,016.	0.	126,242.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								938,016.	0.	126,242.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	263,165.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	45,402.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	69,336,985.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 56,189,274.				
	1 h	Total. Add lines 1a-1f	▶	69,645,552.			
Program Service Revenue	2 a	SFSP & CACFP FEES	900099	1,481,589.	1,481,589.		
	2 b	SENIOR CONNECTION FEES	900099	1,379,014.	1,379,014.		
	2 c	PROGRAM FEES	900099	935,082.	935,082.		
	2 d	TEFAP FEES	900099	912,288.	912,288.		
	2 e	MEMBERSHIPS	900099	19,910.	19,910.		
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f	▶	4,727,883.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	328,984.		328,984.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses ...					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	19,192.			
7 b	Less: cost or other basis and sales expenses		0.				
7 c	Gain or (loss)		19,192.				
7 d	Net gain or (loss)	▶	19,192.		19,192.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
8 c	Net income or (loss) from fundraising events	▶					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
9 c	Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold	10b					
10 c	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	7,549.		7,549.	
	11 b					
	11 c					
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d	▶	7,549.			
12	Total revenue. See instructions	▶	74,729,160.	4,727,883.	0.	355,725.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	53,408,591.	53,408,591.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,004,369.	3,004,369.		
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, trustees, and key employees	1,136,728.	469,141.	358,016.	309,571.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,176,657.	3,791,800.	214,666.	170,191.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,120.	139,947.	9,743.	6,430.
9 Other employee benefits	707,458.	628,385.	28,383.	50,690.
10 Payroll taxes	410,022.	336,613.	38,754.	34,655.
11 Fees for services (nonemployees):				
a Management	52,546.	31,528.	10,509.	10,509.
b Legal				
c Accounting	195,526.	125,505.	60,162.	9,859.
d 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.)	52,548.	13,137.	13,138.	26,273.
12 Advertising and promotion	242,273.	125,116.		117,157.
13 Office expenses	317,098.	236,564.	31,473.	49,061.
14 Information technology				
15 Royalties				
16 Occupancy	447,246.	425,383.	7,065.	14,798.
17 Travel	544,303.	537,256.	1,194.	5,853.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,146,424.	1,072,416.	27,654.	46,354.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DISCARDED FOOD	1,709,940.	1,709,940.		
b SUPPLIES	484,275.	473,592.	3,899.	6,784.
c MAILING HOUSE SERVICES	474,338.			474,338.
d REPAIRS AND MAINTENANCE	397,776.	386,973.	2,388.	8,415.
e All other expenses _____	939,041.	743,711.	101,458.	93,872.
25 Total functional expenses. Add lines 1 through 24e	70,003,279.	67,659,967.	908,502.	1,434,810.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,639,275.	1	9,282,324.
	2 Savings and temporary cash investments	770,822.	2	509,462.
	3 Pledges and grants receivable, net	1,981,071.	3	1,153,591.
	4 Accounts receivable, net	189,859.	4	218,819.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,035,873.	8	2,861,984.
	9 Prepaid expenses and deferred charges	74,498.	9	115,805.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,335,844.		
	b Less: accumulated depreciation	10b 8,288,384.	10c	13,047,460.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,949,453.	12	7,234,927.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	27,415.	15	25,207.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,929,394.	16	34,449,579.	
Liabilities	17 Accounts payable and accrued expenses	884,982.	17	982,747.
	18 Grants payable		18	
	19 Deferred revenue	80,595.	19	100,141.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	213,835.	25	1,188,829.
	26 Total liabilities. Add lines 17 through 25	1,179,412.	26	2,271,717.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,120,313.	27	27,238,864.
	28 Net assets with donor restrictions	6,629,669.	28	4,938,998.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,749,982.	32	32,177,862.
	33 Total liabilities and net assets/fund balances	28,929,394.	33	34,449,579.

Part 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	74,729,160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,003,279.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,725,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,749,982.
5	Net unrealized gains (losses) on investments	5	-298,001.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,177,862.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

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.

Name of the organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47974243.	55504763.	54470967.	56919249.	69645552.	284514774
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3758087.	5055402.	4707771.	3903720.	4727883.	22152863.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	51732330.	60560165.	59178738.	60822969.	74373435.	306667637
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	93,590.	221,911.	132,172.	118,650.	49,610.	615,933.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	93,590.	221,911.	132,172.	118,650.	49,610.	615,933.
8 Public support. (Subtract line 7c from line 6.)						306051704

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	51732330.	60560165.	59178738.	60822969.	74373435.	306667637
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	147,610.	126,049.	157,270.	218,760.	328,984.	978,673.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	147,610.	126,049.	157,270.	218,760.	328,984.	978,673.
11 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.)	3,281.	2,942.	4,625.	6,618.	7,549.	25,015.
13 Total support. (Add lines 9, 10c, 11, and 12.)	51883221.	60689156.	59340633.	61048347.	74709968.	307671325

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.47 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.42 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.32 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.30 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

Lined area for supplemental information.

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

2019

Name of the organization

FEED MORE, INC.

Employer identification number

54-1150923

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 10,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>29,348.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>20,128.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>15,310.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 18,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 164,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>20,274.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
46		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
47		\$ 39,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
48		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>6,134.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>7,094.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>7,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>54,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>306,694.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 7,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 263,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	 <hr/> <hr/> <hr/>	\$ <u>9,504.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	 <hr/> <hr/> <hr/>	\$ <u>10,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	 <hr/> <hr/> <hr/>	\$ <u>9,201.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,566.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 10,132.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 197,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ <u>1,023,957.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>54,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>315,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	_____ _____ _____	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>7,732.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 51,474.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	_____ _____ _____	\$ <u>233,257.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	 <hr/> <hr/> <hr/>	\$ <u>10,760.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ <u>80,136.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ <u>15,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ <u>19,188.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	 	\$ <u>41,656.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
158	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	 	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	 	\$ <u>49,534.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	 	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	 	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	_____ _____ _____	\$ <u>62,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ <u>15,327.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ _____	\$ <u>10,833.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ <u>43,098.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	 	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	 	\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	 	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	 	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	 <hr/> <hr/> <hr/>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	 <hr/> <hr/> <hr/>	\$ <u>10,263.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
196	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ <u>73,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ <u>5,135.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	_____ _____ _____	\$ <u>59,766.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	_____ _____ _____	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	_____ _____ _____	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 5,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	 <hr/> <hr/> <hr/>	\$ <u>10,123.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	 <hr/> <hr/> <hr/>	\$ <u>146,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	 <hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	_____ _____ _____	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	_____ _____ _____	\$ <u>226,728.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	_____ _____ _____	\$ <u>45,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	_____ _____ _____	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____ _____ _____	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____ _____ _____	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	_____ _____ _____	\$ <u>6,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	_____ _____ _____	\$ <u>66,923.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	_____ _____ _____	\$ <u>85,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	_____ _____ _____	\$ <u>10,177.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	_____ _____ _____	\$ <u>5,725.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	_____ _____ _____	\$ <u>48,745.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	<hr/> <hr/> <hr/>	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	<hr/> <hr/> <hr/>	\$ <u>5,279.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	<hr/> <hr/> <hr/>	\$ <u>62,366.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	<hr/> <hr/> <hr/>	\$ <u>10,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	 <hr/> <hr/> <hr/>	\$ <u>5,656.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
280	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	 <hr/> <hr/> <hr/>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	_____ _____ _____	\$ <u>25,165.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	_____ _____ _____	\$ <u>5,011.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
288	_____ _____ _____	\$ <u>5,022.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	_____ _____ _____	\$ <u>5,063.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ <u>5,067.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ <u>5,072.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____ _____ _____	\$ <u>5,105.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____ _____ _____	\$ <u>5,150.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____ _____ _____	\$ <u>5,185.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	_____ _____ _____	\$ <u>5,490.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
296	_____ _____ _____	\$ <u>5,516.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
297	_____ _____ _____	\$ <u>5,559.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
298	_____ _____ _____	\$ <u>5,568.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
299	_____ _____ _____	\$ <u>5,610.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
300	_____ _____ _____	\$ <u>5,742.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	_____ _____ _____	\$ <u>5,749.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____ _____ _____	\$ <u>5,756.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____ _____ _____	\$ <u>5,779.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____ _____ _____	\$ <u>5,798.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
305	_____ _____ _____	\$ <u>5,846.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
306	_____ _____ _____	\$ <u>6,066.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	<hr/> <hr/> <hr/>	\$ <u>6,120.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
308	<hr/> <hr/> <hr/>	\$ <u>6,193.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
309	<hr/> <hr/> <hr/>	\$ <u>6,257.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
310	<hr/> <hr/> <hr/>	\$ <u>6,304.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
311	<hr/> <hr/> <hr/>	\$ <u>6,873.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
312	<hr/> <hr/> <hr/>	\$ <u>6,901.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	_____ _____ _____	\$ <u>7,479.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
314	_____ _____ _____	\$ <u>7,496.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
315	_____ _____ _____	\$ <u>7,522.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
316	_____ _____ _____	\$ <u>7,679.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
317	_____ _____ _____	\$ <u>7,713.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
318	_____ _____ _____	\$ <u>7,830.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	_____ _____ _____	\$ <u>7,842.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
320	_____ _____ _____	\$ <u>7,893.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
321	_____ _____ _____	\$ <u>7,990.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
322	_____ _____ _____	\$ <u>8,222.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
323	_____ _____ _____	\$ <u>8,222.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
324	_____ _____ _____	\$ <u>8,235.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	_____ _____ _____	\$ <u>8,401.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
326	_____ _____ _____	\$ <u>8,409.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
327	_____ _____ _____	\$ <u>9,039.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
328	_____ _____ _____	\$ <u>9,205.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
329	_____ _____ _____	\$ <u>9,229.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
330	_____ _____ _____	\$ <u>9,245.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	_____ _____ _____	\$ <u>9,396.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
332	_____ _____ _____	\$ <u>9,405.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
333	_____ _____ _____	\$ <u>10,101.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
334	_____ _____ _____	\$ <u>10,440.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
335	_____ _____ _____	\$ <u>10,576.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
336	_____ _____ _____	\$ <u>10,680.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	_____ _____ _____	\$ <u>10,751.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
338	_____ _____ _____	\$ <u>11,148.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
339	_____ _____ _____	\$ <u>11,594.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
340	_____ _____ _____	\$ <u>12,528.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
341	_____ _____ _____	\$ <u>12,544.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
342	_____ _____ _____	\$ <u>12,577.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	 <hr/> <hr/> <hr/>	\$ <u>12,662.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
344	 <hr/> <hr/> <hr/>	\$ <u>12,953.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
345	 <hr/> <hr/> <hr/>	\$ <u>12,986.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
346	 <hr/> <hr/> <hr/>	\$ <u>13,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347	 <hr/> <hr/> <hr/>	\$ <u>13,363.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
348	 <hr/> <hr/> <hr/>	\$ <u>13,530.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349	<hr/> <hr/> <hr/>	\$ <u>13,819.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
350	<hr/> <hr/> <hr/>	\$ <u>13,906.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
351	<hr/> <hr/> <hr/>	\$ <u>14,122.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
352	<hr/> <hr/> <hr/>	\$ <u>14,498.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
353	<hr/> <hr/> <hr/>	\$ <u>14,639.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
354	<hr/> <hr/> <hr/>	\$ <u>14,842.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355	_____ _____ _____	\$ <u>15,345.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
356	_____ _____ _____	\$ <u>15,526.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
357	_____ _____ _____	\$ <u>15,735.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
358	_____ _____ _____	\$ <u>15,857.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
359	_____ _____ _____	\$ <u>16,043.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
360	_____ _____ _____	\$ <u>16,540.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361	_____ _____ _____	\$ <u>16,751.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
362	_____ _____ _____	\$ <u>16,899.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
363	_____ _____ _____	\$ <u>17,202.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
364	_____ _____ _____	\$ <u>17,383.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
365	_____ _____ _____	\$ <u>17,544.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
366	_____ _____ _____	\$ <u>18,345.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367	_____ _____ _____	\$ <u>18,421.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
368	_____ _____ _____	\$ <u>18,729.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
369	_____ _____ _____	\$ <u>18,994.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
370	_____ _____ _____	\$ <u>19,478.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
371	_____ _____ _____	\$ <u>19,522.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
372	_____ _____ _____	\$ <u>19,796.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373	_____ _____ _____	\$ <u>20,391.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
374	_____ _____ _____	\$ <u>20,743.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375	_____ _____ _____	\$ <u>20,896.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
376	_____ _____ _____	\$ <u>21,978.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
377	_____ _____ _____	\$ <u>21,987.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
378	_____ _____ _____	\$ <u>22,563.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379	<hr/> <hr/> <hr/>	\$ <u>22,919.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
380	<hr/> <hr/> <hr/>	\$ <u>23,728.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
381	<hr/> <hr/> <hr/>	\$ <u>23,833.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
382	<hr/> <hr/> <hr/>	\$ <u>24,071.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
383	<hr/> <hr/> <hr/>	\$ <u>24,332.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
384	<hr/> <hr/> <hr/>	\$ <u>24,360.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385	 <hr/> <hr/> <hr/>	\$ <u>24,499.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
386	 <hr/> <hr/> <hr/>	\$ <u>24,651.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
387	 <hr/> <hr/> <hr/>	\$ <u>25,260.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
388	 <hr/> <hr/> <hr/>	\$ <u>25,909.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
389	 <hr/> <hr/> <hr/>	\$ <u>26,273.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
390	 <hr/> <hr/> <hr/>	\$ <u>26,612.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391	<hr/> <hr/> <hr/>	\$ <u>26,702.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
392	<hr/> <hr/> <hr/>	\$ <u>27,659.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
393	<hr/> <hr/> <hr/>	\$ <u>28,569.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
394	<hr/> <hr/> <hr/>	\$ <u>29,103.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
395	<hr/> <hr/> <hr/>	\$ <u>29,659.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
396	<hr/> <hr/> <hr/>	\$ <u>29,661.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397	 <hr/> <hr/> <hr/>	\$ <u>29,719.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
398	 <hr/> <hr/> <hr/>	\$ <u>30,612.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
399	 <hr/> <hr/> <hr/>	\$ <u>33,267.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
400	 <hr/> <hr/> <hr/>	\$ <u>33,765.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
401	 <hr/> <hr/> <hr/>	\$ <u>33,942.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
402	 <hr/> <hr/> <hr/>	\$ <u>34,795.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403	_____ _____ _____	\$ <u>35,078.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
404	_____ _____ _____	\$ <u>35,157.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
405	_____ _____ _____	\$ <u>36,985.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
406	_____ _____ _____	\$ <u>37,339.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
407	_____ _____ _____	\$ <u>39,522.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
408	_____ _____ _____	\$ <u>39,881.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409	_____ _____ _____	\$ <u>40,873.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
410	_____ _____ _____	\$ <u>41,078.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
411	_____ _____ _____	\$ <u>41,205.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
412	_____ _____ _____	\$ <u>42,647.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
413	_____ _____ _____	\$ <u>44,083.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
414	_____ _____ _____	\$ <u>44,422.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415	_____ _____ _____	\$ <u>45,127.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
416	_____ _____ _____	\$ <u>45,351.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
417	_____ _____ _____	\$ <u>45,374.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
418	_____ _____ _____	\$ <u>45,762.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
419	_____ _____ _____	\$ <u>48,410.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
420	_____ _____ _____	\$ <u>49,515.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421	_____ _____ _____	\$ <u>49,694.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
422	_____ _____ _____	\$ <u>51,020.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
423	_____ _____ _____	\$ <u>52,101.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
424	_____ _____ _____	\$ <u>52,538.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
425	_____ _____ _____	\$ <u>52,927.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
426	_____ _____ _____	\$ <u>54,539.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427	<hr/> <hr/> <hr/>	\$ <u>54,843.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
428	<hr/> <hr/> <hr/>	\$ <u>55,007.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
429	<hr/> <hr/> <hr/>	\$ <u>55,255.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
430	<hr/> <hr/> <hr/>	\$ <u>56,625.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
431	<hr/> <hr/> <hr/>	\$ <u>57,167.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
432	<hr/> <hr/> <hr/>	\$ <u>59,367.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433	_____ _____ _____	\$ <u>59,654.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
434	_____ _____ _____	\$ <u>60,689.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
435	_____ _____ _____	\$ <u>60,830.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
436	_____ _____ _____	\$ <u>62,640.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
437	_____ _____ _____	\$ <u>62,751.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
438	_____ _____ _____	\$ <u>63,346.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439	 <hr/> <hr/> <hr/>	\$ <u>65,377.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
440	 <hr/> <hr/> <hr/>	\$ <u>65,431.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
441	 <hr/> <hr/> <hr/>	\$ <u>65,626.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
442	 <hr/> <hr/> <hr/>	\$ <u>66,130.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
443	 <hr/> <hr/> <hr/>	\$ <u>66,941.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
444	 <hr/> <hr/> <hr/>	\$ <u>69,357.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445	_____ _____ _____	\$ <u>70,157.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
446	_____ _____ _____	\$ <u>70,235.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
447	_____ _____ _____	\$ <u>71,107.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
448	_____ _____ _____	\$ <u>71,657.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
449	_____ _____ _____	\$ <u>71,975.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
450	_____ _____ _____	\$ <u>73,393.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451	_____ _____ _____	\$ <u>74,145.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
452	_____ _____ _____	\$ <u>76,363.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
453	_____ _____ _____	\$ <u>77,206.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
454	_____ _____ _____	\$ <u>78,222.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
455	_____ _____ _____	\$ <u>78,232.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
456	_____ _____ _____	\$ <u>78,236.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457	_____ _____ _____	\$ <u>78,317.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
458	_____ _____ _____	\$ <u>79,367.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
459	_____ _____ _____	\$ <u>79,537.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
460	_____ _____ _____	\$ <u>80,383.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
461	_____ _____ _____	\$ <u>81,476.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
462	_____ _____ _____	\$ <u>82,024.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463	<hr/> <hr/> <hr/>	\$ <u>82,311.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
464	<hr/> <hr/> <hr/>	\$ <u>83,384.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
465	<hr/> <hr/> <hr/>	\$ <u>83,510.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
466	<hr/> <hr/> <hr/>	\$ <u>84,126.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
467	<hr/> <hr/> <hr/>	\$ <u>84,515.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
468	<hr/> <hr/> <hr/>	\$ <u>84,583.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469	 <hr/> <hr/> <hr/>	\$ <u>87,875.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
470	 <hr/> <hr/> <hr/>	\$ <u>89,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
471	 <hr/> <hr/> <hr/>	\$ <u>90,123.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
472	 <hr/> <hr/> <hr/>	\$ <u>90,289.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
473	 <hr/> <hr/> <hr/>	\$ <u>90,480.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
474	 <hr/> <hr/> <hr/>	\$ <u>91,894.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475	_____ _____ _____	\$ <u>92,043.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
476	_____ _____ _____	\$ <u>92,116.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
477	_____ _____ _____	\$ <u>92,509.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
478	_____ _____ _____	\$ <u>93,196.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
479	_____ _____ _____	\$ <u>96,078.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
480	_____ _____ _____	\$ <u>96,377.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481	_____ _____ _____	\$ <u>97,405.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
482	_____ _____ _____	\$ <u>97,651.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
483	_____ _____ _____	\$ <u>97,746.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
484	_____ _____ _____	\$ <u>100,807.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
485	_____ _____ _____	\$ <u>101,132.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
486	_____ _____ _____	\$ <u>101,821.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487	_____ _____ _____	\$ <u>102,521.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
488	_____ _____ _____	\$ <u>102,818.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
489	_____ _____ _____	\$ <u>103,542.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
490	_____ _____ _____	\$ <u>103,718.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
491	_____ _____ _____	\$ <u>104,228.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
492	_____ _____ _____	\$ <u>105,782.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493	<hr/> <hr/> <hr/>	\$ <u>106,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
494	<hr/> <hr/> <hr/>	\$ <u>107,850.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
495	<hr/> <hr/> <hr/>	\$ <u>108,037.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
496	<hr/> <hr/> <hr/>	\$ <u>108,162.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
497	<hr/> <hr/> <hr/>	\$ <u>108,740.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
498	<hr/> <hr/> <hr/>	\$ <u>108,860.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499	_____ _____ _____	\$ <u>109,093.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
500	_____ _____ _____	\$ <u>109,477.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
501	_____ _____ _____	\$ <u>112,310.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
502	_____ _____ _____	\$ <u>112,846.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
503	_____ _____ _____	\$ <u>114,623.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
504	_____ _____ _____	\$ <u>114,680.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505	<hr/> <hr/> <hr/>	\$ <u>116,159.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
506	<hr/> <hr/> <hr/>	\$ <u>116,209.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
507	<hr/> <hr/> <hr/>	\$ <u>116,429.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
508	<hr/> <hr/> <hr/>	\$ <u>119,374.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
509	<hr/> <hr/> <hr/>	\$ <u>120,109.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
510	<hr/> <hr/> <hr/>	\$ <u>120,199.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511	_____ _____ _____	\$ <u>121,774.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
512	_____ _____ _____	\$ <u>121,776.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
513	_____ _____ _____	\$ <u>122,031.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
514	_____ _____ _____	\$ <u>123,035.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
515	_____ _____ _____	\$ <u>123,352.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
516	_____ _____ _____	\$ <u>124,869.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517	_____ _____ _____	\$ <u>126,009.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
518	_____ _____ _____	\$ <u>126,470.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
519	_____ _____ _____	\$ <u>127,549.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
520	_____ _____ _____	\$ <u>128,064.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
521	_____ _____ _____	\$ <u>131,977.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
522	_____ _____ _____	\$ <u>133,347.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523	_____ _____ _____	\$ <u>134,058.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
524	_____ _____ _____	\$ <u>134,739.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
525	_____ _____ _____	\$ <u>136,682.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
526	_____ _____ _____	\$ <u>137,996.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
527	_____ _____ _____	\$ <u>138,492.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
528	_____ _____ _____	\$ <u>138,899.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529	_____ _____ _____	\$ <u>139,337.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
530	_____ _____ _____	\$ <u>139,372.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
531	_____ _____ _____	\$ <u>140,251.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
532	_____ _____ _____	\$ <u>141,953.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
533	_____ _____ _____	\$ <u>143,124.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
534	_____ _____ _____	\$ <u>143,816.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535	_____ _____ _____	\$ <u>143,962.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
536	_____ _____ _____	\$ <u>146,679.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
537	_____ _____ _____	\$ <u>147,399.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
538	_____ _____ _____	\$ <u>147,994.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
539	_____ _____ _____	\$ <u>151,591.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
540	_____ _____ _____	\$ <u>153,637.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541	_____ _____ _____	\$ <u>153,644.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
542	_____ _____ _____	\$ <u>155,112.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
543	_____ _____ _____	\$ <u>156,537.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
544	_____ _____ _____	\$ <u>157,259.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
545	_____ _____ _____	\$ <u>158,573.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
546	_____ _____ _____	\$ <u>158,651.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547	_____ _____ _____	\$ <u>159,534.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
548	_____ _____ _____	\$ <u>159,749.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
549	_____ _____ _____	\$ <u>167,148.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
550	_____ _____ _____	\$ <u>174,628.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
551	_____ _____ _____	\$ <u>176,156.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
552	_____ _____ _____	\$ <u>177,506.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553	_____ _____ _____	\$ <u>179,090.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
554	_____ _____ _____	\$ <u>182,512.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
555	_____ _____ _____	\$ <u>182,985.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
556	_____ _____ _____	\$ <u>187,495.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
557	_____ _____ _____	\$ <u>190,890.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
558	_____ _____ _____	\$ <u>192,225.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559	_____ _____ _____	\$ <u>192,540.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
560	_____ _____ _____	\$ <u>196,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
561	_____ _____ _____	\$ <u>204,424.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
562	_____ _____ _____	\$ <u>209,150.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
563	_____ _____ _____	\$ <u>213,442.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
564	_____ _____ _____	\$ <u>213,878.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565	_____ _____ _____	\$ <u>216,644.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
566	_____ _____ _____	\$ <u>216,947.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
567	_____ _____ _____	\$ <u>224,632.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
568	_____ _____ _____	\$ <u>226,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
569	_____ _____ _____	\$ <u>230,096.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
570	_____ _____ _____	\$ <u>232,325.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571	_____ _____ _____	\$ <u>237,662.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
572	_____ _____ _____	\$ <u>240,908.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
573	_____ _____ _____	\$ <u>241,103.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
574	_____ _____ _____	\$ <u>252,719.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
575	_____ _____ _____	\$ <u>252,794.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
576	_____ _____ _____	\$ <u>255,035.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577	<hr/> <hr/> <hr/>	\$ <u>258,300.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
578	<hr/> <hr/> <hr/>	\$ <u>260,675.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
579	<hr/> <hr/> <hr/>	\$ <u>271,075.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
580	<hr/> <hr/> <hr/>	\$ <u>302,201.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
581	<hr/> <hr/> <hr/>	\$ <u>312,942.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
582	<hr/> <hr/> <hr/>	\$ <u>314,566.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583	_____ _____ _____	\$ <u>362,144.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
584	_____ _____ _____	\$ <u>393,458.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
585	_____ _____ _____	\$ <u>457,096.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
586	_____ _____ _____	\$ <u>463,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
587	_____ _____ _____	\$ <u>523,028.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
588	_____ _____ _____	\$ <u>566,732.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589	_____ _____ _____	\$ <u>572,215.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
590	_____ _____ _____	\$ <u>627,026.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
591	_____ _____ _____	\$ <u>739,512.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
592	_____ _____ _____	\$ <u>793,504.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
593	_____ _____ _____	\$ <u>963,755.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
594	_____ _____ _____	\$ <u>1,259,716.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595	_____ _____ _____	\$ <u>1,280,456.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
596	_____ _____ _____	\$ <u>1,420,872.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
597	_____ _____ _____	\$ <u>2,743,766.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
598	_____ _____ _____	\$ <u>7,182,171.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
599	_____ _____ _____	\$ <u>11,494,323.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	39 SHARES OF MARKEL CORP HOLDING CO. STOCK _____ _____ _____	\$ <u>29,348.</u>	<u>06/30/20</u>
15	500 SHARES OF ALTRIA CORP. STOCK _____ _____ _____	\$ <u>20,128.</u>	<u>06/30/20</u>
17	\$10,000 CASH; 25 SHARES OF INVESCO QQQ ETF STOCK _____ _____ _____	\$ <u>15,310.</u>	<u>06/30/20</u>
32	600 SHARES OF ZAYO GROUP HOLDINGS STOCK _____ _____ _____	\$ <u>20,274.</u>	<u>06/30/20</u>
52	BECTON(4), CHEVRON(18), EXXON(32), VERIZON(25) SHARES OF STOCK _____ _____ _____	\$ <u>7,094.</u>	<u>06/30/20</u>
91	150 SHARES OF PFIZER INC. STOCK _____ _____ _____	\$ <u>5,566.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
93	200 SHARES OF ALTRIA GROUP INC. STOCK _____ _____ _____	\$ 10,132.	06/30/20
116	35 SHARES OF RAYTHEON COMPANY STOCK _____ _____ _____	\$ 7,732.	06/30/20
125	304 SHARES OF CARMAX INC. STOCK; 70 SHARES OF APPLE INC. STOCK _____ _____ _____	\$ 51,474.	06/30/20
127	\$14,487 CASH; MULTIPLE SHARES OF STOCK & UIT'S _____ _____ _____	\$ 233,257.	06/30/20
135	100 SHARES OF VULCAN MATERIALS COMPANY STOCK _____ _____ _____	\$ 10,760.	06/30/20
153	\$9,152 CASH; 110 SHARES OF STARBUCKS CORP. STOCK.; INS OF 11/01/2020 _____ _____ _____	\$ 19,188.	06/30/20

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
157	65 SHARES OF NEWMARKET CORP. STOCK _____ _____ _____	\$ <u>41,656.</u>	<u>06/30/20</u>
176	107 SHARES OF CAPITAL ONE FINANCIAL CORP. STOCK _____ _____ _____	\$ <u>10,833.</u>	<u>06/30/20</u>
195	162 SHARES OF RAYTHEON TECHNOLOGIES CORP. STOCK _____ _____ _____	\$ <u>10,263.</u>	<u>06/30/20</u>
201	23 SHARES OF ISHARES S&P MID CAP 400 GROWTH ETF STOCK _____ _____ _____	\$ <u>5,135.</u>	<u>06/30/20</u>
228	200 SHARES OF MARKEL CORP STOCK - CAMPAIGN PLEDGE PAYMENT _____ _____ _____	\$ <u>226,728.</u>	<u>06/30/20</u>
264	96-MONDELEX INT'L/22-NEXTERA ENERGY STOCK _____ _____ _____	\$ <u>10,177.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
279	40 SHARES OF IBM CORP. STOCK _____ _____ _____	\$ <u>5,656.</u>	<u>06/30/20</u>
287	2880 POUNDS OF FOOD _____ _____ _____	\$ <u>5,011.</u>	<u>06/30/20</u>
288	2886 POUNDS OF FOOD _____ _____ _____	\$ <u>5,022.</u>	<u>06/30/20</u>
289	2910 POUNDS OF FOOD _____ _____ _____	\$ <u>5,063.</u>	<u>06/30/20</u>
290	2912 POUNDS OF FOOD _____ _____ _____	\$ <u>5,067.</u>	<u>06/30/20</u>
291	2915 POUNDS OF FOOD _____ _____ _____	\$ <u>5,072.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
292	2934 POUNDS OF FOOD _____ _____ _____	\$ <u>5,105.</u>	<u>06/30/20</u>
293	2960 POUNDS OF FOOD _____ _____ _____	\$ <u>5,150.</u>	<u>06/30/20</u>
294	2980 POUNDS OF FOOD _____ _____ _____	\$ <u>5,185.</u>	<u>06/30/20</u>
295	3155 POUNDS OF FOOD _____ _____ _____	\$ <u>5,490.</u>	<u>06/30/20</u>
296	3170 POUNDS OF FOOD _____ _____ _____	\$ <u>5,516.</u>	<u>06/30/20</u>
297	3195 POUNDS OF FOOD _____ _____ _____	\$ <u>5,559.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
298	3200 POUNDS OF FOOD _____ _____ _____	\$ <u>5,568.</u>	<u>06/30/20</u>
299	3224 POUNDS OF FOOD _____ _____ _____	\$ <u>5,610.</u>	<u>06/30/20</u>
300	3300 POUNDS OF FOOD _____ _____ _____	\$ <u>5,742.</u>	<u>06/30/20</u>
301	3304 POUNDS OF FOOD _____ _____ _____	\$ <u>5,749.</u>	<u>06/30/20</u>
302	3308 POUNDS OF FOOD _____ _____ _____	\$ <u>5,756.</u>	<u>06/30/20</u>
303	3321 POUNDS OF FOOD _____ _____ _____	\$ <u>5,779.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
304	3332 POUNDS OF FOOD _____ _____ _____	\$ <u>5,798.</u>	<u>06/30/20</u>
305	3360 POUNDS OF FOOD _____ _____ _____	\$ <u>5,846.</u>	<u>06/30/20</u>
306	3486 POUNDS OF FOOD _____ _____ _____	\$ <u>6,066.</u>	<u>06/30/20</u>
307	3517 POUNDS OF FOOD _____ _____ _____	\$ <u>6,120.</u>	<u>06/30/20</u>
308	3559 POUNDS OF FOOD _____ _____ _____	\$ <u>6,193.</u>	<u>06/30/20</u>
309	3596 POUNDS OF FOOD _____ _____ _____	\$ <u>6,257.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
310	3623 POUNDS OF FOOD _____ _____ _____	\$ <u>6,304.</u>	<u>06/30/20</u>
311	3950 POUNDS OF FOOD _____ _____ _____	\$ <u>6,873.</u>	<u>06/30/20</u>
312	3966 POUNDS OF FOOD _____ _____ _____	\$ <u>6,901.</u>	<u>06/30/20</u>
313	4298 POUNDS OF FOOD _____ _____ _____	\$ <u>7,479.</u>	<u>06/30/20</u>
314	4308 POUNDS OF FOOD _____ _____ _____	\$ <u>7,496.</u>	<u>06/30/20</u>
315	4323 POUNDS OF FOOD _____ _____ _____	\$ <u>7,522.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
316	4413 POUNDS OF FOOD _____ _____ _____	\$ <u>7,679.</u>	<u>06/30/20</u>
317	4433 POUNDS OF FOOD _____ _____ _____	\$ <u>7,713.</u>	<u>06/30/20</u>
318	4500 POUNDS OF FOOD _____ _____ _____	\$ <u>7,830.</u>	<u>06/30/20</u>
319	4507 POUNDS OF FOOD _____ _____ _____	\$ <u>7,842.</u>	<u>06/30/20</u>
320	4536 POUNDS OF FOOD _____ _____ _____	\$ <u>7,893.</u>	<u>06/30/20</u>
321	4592 POUNDS OF FOOD _____ _____ _____	\$ <u>7,990.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
322	4725 POUNDS OF FOOD _____ _____ _____	\$ <u>8,222.</u>	<u>06/30/20</u>
323	4725 POUNDS OF FOOD _____ _____ _____	\$ <u>8,222.</u>	<u>06/30/20</u>
324	4733 POUNDS OF FOOD _____ _____ _____	\$ <u>8,235.</u>	<u>06/30/20</u>
325	4828 POUNDS OF FOOD _____ _____ _____	\$ <u>8,401.</u>	<u>06/30/20</u>
326	4832.5 POUNDS OF FOOD _____ _____ _____	\$ <u>8,409.</u>	<u>06/30/20</u>
327	5195 POUNDS OF FOOD _____ _____ _____	\$ <u>9,039.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
328	5290 POUNDS OF FOOD _____ _____ _____	\$ <u>9,205.</u>	<u>06/30/20</u>
329	5304 POUNDS OF FOOD _____ _____ _____	\$ <u>9,229.</u>	<u>06/30/20</u>
330	5313 POUNDS OF FOOD _____ _____ _____	\$ <u>9,245.</u>	<u>06/30/20</u>
331	5400 POUNDS OF FOOD _____ _____ _____	\$ <u>9,396.</u>	<u>06/30/20</u>
332	5405 POUNDS OF FOOD _____ _____ _____	\$ <u>9,405.</u>	<u>06/30/20</u>
333	5805 POUNDS OF FOOD _____ _____ _____	\$ <u>10,101.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
334	6000 POUNDS OF FOOD _____ _____ _____	\$ <u>10,440.</u>	<u>06/30/20</u>
335	6078 POUNDS OF FOOD _____ _____ _____	\$ <u>10,576.</u>	<u>06/30/20</u>
336	6138 POUNDS OF FOOD _____ _____ _____	\$ <u>10,680.</u>	<u>06/30/20</u>
337	6179 POUNDS OF FOOD _____ _____ _____	\$ <u>10,751.</u>	<u>06/30/20</u>
338	6407 POUNDS OF FOOD _____ _____ _____	\$ <u>11,148.</u>	<u>06/30/20</u>
339	6663 POUNDS OF FOOD _____ _____ _____	\$ <u>11,594.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
340	7200 POUNDS OF FOOD _____ _____ _____	\$ <u>12,528.</u>	<u>06/30/20</u>
341	7209 POUNDS OF FOOD _____ _____ _____	\$ <u>12,544.</u>	<u>06/30/20</u>
342	7228 POUNDS OF FOOD _____ _____ _____	\$ <u>12,577.</u>	<u>06/30/20</u>
343	7277 POUNDS OF FOOD _____ _____ _____	\$ <u>12,662.</u>	<u>06/30/20</u>
344	7444.01 POUNDS OF FOOD _____ _____ _____	\$ <u>12,953.</u>	<u>06/30/20</u>
345	7463 POUNDS OF FOOD _____ _____ _____	\$ <u>12,986.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
346	7586 POUNDS OF FOOD _____ _____ _____	\$ <u>13,200.</u>	<u>06/30/20</u>
347	7680 POUNDS OF FOOD _____ _____ _____	\$ <u>13,363.</u>	<u>06/30/20</u>
348	7776 POUNDS OF FOOD _____ _____ _____	\$ <u>13,530.</u>	<u>06/30/20</u>
349	7942 POUNDS OF FOOD _____ _____ _____	\$ <u>13,819.</u>	<u>06/30/20</u>
350	7992 POUNDS OF FOOD _____ _____ _____	\$ <u>13,906.</u>	<u>06/30/20</u>
351	8116 POUNDS OF FOOD _____ _____ _____	\$ <u>14,122.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
352	8332 POUNDS OF FOOD _____ _____ _____	\$ <u>14,498.</u>	<u>06/30/20</u>
353	8413 POUNDS OF FOOD _____ _____ _____	\$ <u>14,639.</u>	<u>06/30/20</u>
354	8530 POUNDS OF FOOD _____ _____ _____	\$ <u>14,842.</u>	<u>06/30/20</u>
355	8819 POUNDS OF FOOD _____ _____ _____	\$ <u>15,345.</u>	<u>06/30/20</u>
356	8923 POUNDS OF FOOD _____ _____ _____	\$ <u>15,526.</u>	<u>06/30/20</u>
357	9043 POUNDS OF FOOD _____ _____ _____	\$ <u>15,735.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
358	9113 POUNDS OF FOOD _____ _____ _____	\$ <u>15,857.</u>	<u>06/30/20</u>
359	9220 POUNDS OF FOOD _____ _____ _____	\$ <u>16,043.</u>	<u>06/30/20</u>
360	9506 POUNDS OF FOOD _____ _____ _____	\$ <u>16,540.</u>	<u>06/30/20</u>
361	9627 POUNDS OF FOOD _____ _____ _____	\$ <u>16,751.</u>	<u>06/30/20</u>
362	9712 POUNDS OF FOOD _____ _____ _____	\$ <u>16,899.</u>	<u>06/30/20</u>
363	9886 POUNDS OF FOOD _____ _____ _____	\$ <u>17,202.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
364	9990 POUNDS OF FOOD _____ _____ _____	\$ <u>17,383.</u>	<u>06/30/20</u>
365	10083 POUNDS OF FOOD _____ _____ _____	\$ <u>17,544.</u>	<u>06/30/20</u>
366	10543 POUNDS OF FOOD _____ _____ _____	\$ <u>18,345.</u>	<u>06/30/20</u>
367	10587 POUNDS OF FOOD _____ _____ _____	\$ <u>18,421.</u>	<u>06/30/20</u>
368	10764 POUNDS OF FOOD _____ _____ _____	\$ <u>18,729.</u>	<u>06/30/20</u>
369	10916 POUNDS OF FOOD _____ _____ _____	\$ <u>18,994.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
370	11194 POUNDS OF FOOD _____ _____ _____	\$ <u>19,478.</u>	<u>06/30/20</u>
371	11219.52 POUNDS OF FOOD _____ _____ _____	\$ <u>19,522.</u>	<u>06/30/20</u>
372	11377 POUNDS OF FOOD _____ _____ _____	\$ <u>19,796.</u>	<u>06/30/20</u>
373	11719 POUNDS OF FOOD _____ _____ _____	\$ <u>20,391.</u>	<u>06/30/20</u>
374	11921 POUNDS OF FOOD _____ _____ _____	\$ <u>20,743.</u>	<u>06/30/20</u>
375	12009 POUNDS OF FOOD _____ _____ _____	\$ <u>20,896.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
376	12631 POUNDS OF FOOD _____ _____ _____	\$ <u>21,978.</u>	<u>06/30/20</u>
377	12636 POUNDS OF FOOD _____ _____ _____	\$ <u>21,987.</u>	<u>06/30/20</u>
378	12967 POUNDS OF FOOD _____ _____ _____	\$ <u>22,563.</u>	<u>06/30/20</u>
379	13172 POUNDS OF FOOD _____ _____ _____	\$ <u>22,919.</u>	<u>06/30/20</u>
380	13637 POUNDS OF FOOD _____ _____ _____	\$ <u>23,728.</u>	<u>06/30/20</u>
381	13697 POUNDS OF FOOD _____ _____ _____	\$ <u>23,833.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
382	13834 POUNDS OF FOOD _____ _____ _____	\$ <u>24,071.</u>	<u>06/30/20</u>
383	13984 POUNDS OF FOOD _____ _____ _____	\$ <u>24,332.</u>	<u>06/30/20</u>
384	14000 POUNDS OF FOOD _____ _____ _____	\$ <u>24,360.</u>	<u>06/30/20</u>
385	14079.8 POUNDS OF FOOD _____ _____ _____	\$ <u>24,499.</u>	<u>06/30/20</u>
386	14167 POUNDS OF FOOD _____ _____ _____	\$ <u>24,651.</u>	<u>06/30/20</u>
387	14517 POUNDS OF FOOD _____ _____ _____	\$ <u>25,260.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
388	14890 POUNDS OF FOOD _____ _____ _____	\$ <u>25,909.</u>	<u>06/30/20</u>
389	15099.2 POUNDS OF FOOD _____ _____ _____	\$ <u>26,273.</u>	<u>06/30/20</u>
390	15294 POUNDS OF FOOD _____ _____ _____	\$ <u>26,612.</u>	<u>06/30/20</u>
391	15346 POUNDS OF FOOD _____ _____ _____	\$ <u>26,702.</u>	<u>06/30/20</u>
392	15896 POUNDS OF FOOD _____ _____ _____	\$ <u>27,659.</u>	<u>06/30/20</u>
393	16419 POUNDS OF FOOD _____ _____ _____	\$ <u>28,569.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
394	16726 POUNDS OF FOOD _____ _____ _____	\$ <u>29,103.</u>	<u>06/30/20</u>
395	17045.5 POUNDS OF FOOD _____ _____ _____	\$ <u>29,659.</u>	<u>06/30/20</u>
396	17046.8 POUNDS OF FOOD _____ _____ _____	\$ <u>29,661.</u>	<u>06/30/20</u>
397	17080 POUNDS OF FOOD _____ _____ _____	\$ <u>29,719.</u>	<u>06/30/20</u>
398	17593 POUNDS OF FOOD _____ _____ _____	\$ <u>30,612.</u>	<u>06/30/20</u>
399	19119 POUNDS OF FOOD _____ _____ _____	\$ <u>33,267.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
400	19405 POUNDS OF FOOD _____ _____ _____	\$ <u>33,765.</u>	<u>06/30/20</u>
401	19507 POUNDS OF FOOD _____ _____ _____	\$ <u>33,942.</u>	<u>06/30/20</u>
402	19997 POUNDS OF FOOD _____ _____ _____	\$ <u>34,795.</u>	<u>06/30/20</u>
403	20160 POUNDS OF FOOD _____ _____ _____	\$ <u>35,078.</u>	<u>06/30/20</u>
404	20205 POUNDS OF FOOD _____ _____ _____	\$ <u>35,157.</u>	<u>06/30/20</u>
405	21256 POUNDS OF FOOD _____ _____ _____	\$ <u>36,985.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
406	21459 POUNDS OF FOOD _____ _____ _____	\$ <u>37,339.</u>	<u>06/30/20</u>
407	22713.7 POUNDS OF FOOD _____ _____ _____	\$ <u>39,522.</u>	<u>06/30/20</u>
408	22920 POUNDS OF FOOD _____ _____ _____	\$ <u>39,881.</u>	<u>06/30/20</u>
409	23490 POUNDS OF FOOD _____ _____ _____	\$ <u>40,873.</u>	<u>06/30/20</u>
410	23608 POUNDS OF FOOD _____ _____ _____	\$ <u>41,078.</u>	<u>06/30/20</u>
411	23681 POUNDS OF FOOD _____ _____ _____	\$ <u>41,205.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
412	24510 POUNDS OF FOOD _____ _____ _____	\$ <u>42,647.</u>	<u>06/30/20</u>
413	25335 POUNDS OF FOOD _____ _____ _____	\$ <u>44,083.</u>	<u>06/30/20</u>
414	25530 POUNDS OF FOOD _____ _____ _____	\$ <u>44,422.</u>	<u>06/30/20</u>
415	25935 POUNDS OF FOOD _____ _____ _____	\$ <u>45,127.</u>	<u>06/30/20</u>
416	26064 POUNDS OF FOOD _____ _____ _____	\$ <u>45,351.</u>	<u>06/30/20</u>
417	26077 POUNDS OF FOOD _____ _____ _____	\$ <u>45,374.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
418	26300 POUNDS OF FOOD _____ _____ _____	\$ <u>45,762.</u>	<u>06/30/20</u>
419	27822 POUNDS OF FOOD _____ _____ _____	\$ <u>48,410.</u>	<u>06/30/20</u>
420	28457 POUNDS OF FOOD _____ _____ _____	\$ <u>49,515.</u>	<u>06/30/20</u>
421	28560 POUNDS OF FOOD _____ _____ _____	\$ <u>49,694.</u>	<u>06/30/20</u>
422	29322 POUNDS OF FOOD _____ _____ _____	\$ <u>51,020.</u>	<u>06/30/20</u>
423	29943 POUNDS OF FOOD _____ _____ _____	\$ <u>52,101.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
424	30194 POUNDS OF FOOD _____ _____ _____	\$ <u>52,538.</u>	<u>06/30/20</u>
425	30418 POUNDS OF FOOD _____ _____ _____	\$ <u>52,927.</u>	<u>06/30/20</u>
426	31344 POUNDS OF FOOD _____ _____ _____	\$ <u>54,539.</u>	<u>06/30/20</u>
427	31519 POUNDS OF FOOD _____ _____ _____	\$ <u>54,843.</u>	<u>06/30/20</u>
428	31613 POUNDS OF FOOD _____ _____ _____	\$ <u>55,007.</u>	<u>06/30/20</u>
429	31756 POUNDS OF FOOD _____ _____ _____	\$ <u>55,255.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
430	32543 POUNDS OF FOOD _____ _____ _____	\$ <u>56,625.</u>	<u>06/30/20</u>
431	32854.5 POUNDS OF FOOD _____ _____ _____	\$ <u>57,167.</u>	<u>06/30/20</u>
432	34119 POUNDS OF FOOD _____ _____ _____	\$ <u>59,367.</u>	<u>06/30/20</u>
433	34284 POUNDS OF FOOD _____ _____ _____	\$ <u>59,654.</u>	<u>06/30/20</u>
434	34879 POUNDS OF FOOD _____ _____ _____	\$ <u>60,689.</u>	<u>06/30/20</u>
435	34960 POUNDS OF FOOD _____ _____ _____	\$ <u>60,830.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
436	36000 POUNDS OF FOOD _____ _____ _____	\$ <u>62,640.</u>	<u>06/30/20</u>
437	36064 POUNDS OF FOOD _____ _____ _____	\$ <u>62,751.</u>	<u>06/30/20</u>
438	36406 POUNDS OF FOOD _____ _____ _____	\$ <u>63,346.</u>	<u>06/30/20</u>
439	37573 POUNDS OF FOOD _____ _____ _____	\$ <u>65,377.</u>	<u>06/30/20</u>
440	37604 POUNDS OF FOOD _____ _____ _____	\$ <u>65,431.</u>	<u>06/30/20</u>
441	37716 POUNDS OF FOOD _____ _____ _____	\$ <u>65,626.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
442	38006 POUNDS OF FOOD _____ _____ _____	\$ <u>66,130.</u>	<u>06/30/20</u>
443	38472 POUNDS OF FOOD _____ _____ _____	\$ <u>66,941.</u>	<u>06/30/20</u>
444	39860.6 POUNDS OF FOOD _____ _____ _____	\$ <u>69,357.</u>	<u>06/30/20</u>
445	40320 POUNDS OF FOOD _____ _____ _____	\$ <u>70,157.</u>	<u>06/30/20</u>
446	40365 POUNDS OF FOOD _____ _____ _____	\$ <u>70,235.</u>	<u>06/30/20</u>
447	40866 POUNDS OF FOOD _____ _____ _____	\$ <u>71,107.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
448	41182 POUNDS OF FOOD _____ _____ _____	\$ <u>71,657.</u>	<u>06/30/20</u>
449	41365 POUNDS OF FOOD _____ _____ _____	\$ <u>71,975.</u>	<u>06/30/20</u>
450	42180 POUNDS OF FOOD _____ _____ _____	\$ <u>73,393.</u>	<u>06/30/20</u>
451	42612 POUNDS OF FOOD _____ _____ _____	\$ <u>74,145.</u>	<u>06/30/20</u>
452	43887 POUNDS OF FOOD _____ _____ _____	\$ <u>76,363.</u>	<u>06/30/20</u>
453	44371 POUNDS OF FOOD _____ _____ _____	\$ <u>77,206.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
454	44955 POUNDS OF FOOD _____ _____ _____	\$ <u>78,222.</u>	<u>06/30/20</u>
455	44961 POUNDS OF FOOD _____ _____ _____	\$ <u>78,232.</u>	<u>06/30/20</u>
456	44963 POUNDS OF FOOD _____ _____ _____	\$ <u>78,236.</u>	<u>06/30/20</u>
457	45010 POUNDS OF FOOD _____ _____ _____	\$ <u>78,317.</u>	<u>06/30/20</u>
458	45613 POUNDS OF FOOD _____ _____ _____	\$ <u>79,367.</u>	<u>06/30/20</u>
459	45711 POUNDS OF FOOD _____ _____ _____	\$ <u>79,537.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
460	46197 POUNDS OF FOOD _____ _____ _____	\$ <u>80,383.</u>	<u>06/30/20</u>
461	46825 POUNDS OF FOOD _____ _____ _____	\$ <u>81,476.</u>	<u>06/30/20</u>
462	47140 POUNDS OF FOOD _____ _____ _____	\$ <u>82,024.</u>	<u>06/30/20</u>
463	47305 POUNDS OF FOOD _____ _____ _____	\$ <u>82,311.</u>	<u>06/30/20</u>
464	47922 POUNDS OF FOOD _____ _____ _____	\$ <u>83,384.</u>	<u>06/30/20</u>
465	47994 POUNDS OF FOOD _____ _____ _____	\$ <u>83,510.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
466	48348 POUNDS OF FOOD _____ _____ _____	\$ <u>84,126.</u>	<u>06/30/20</u>
467	48572 POUNDS OF FOOD _____ _____ _____	\$ <u>84,515.</u>	<u>06/30/20</u>
468	48611 POUNDS OF FOOD _____ _____ _____	\$ <u>84,583.</u>	<u>06/30/20</u>
469	50503 POUNDS OF FOOD _____ _____ _____	\$ <u>87,875.</u>	<u>06/30/20</u>
470	51240 POUNDS OF FOOD _____ _____ _____	\$ <u>89,158.</u>	<u>06/30/20</u>
471	51795 POUNDS OF FOOD _____ _____ _____	\$ <u>90,123.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
472	51890 POUNDS OF FOOD _____ _____ _____	\$ <u>90,289.</u>	<u>06/30/20</u>
473	52000 POUNDS OF FOOD _____ _____ _____	\$ <u>90,480.</u>	<u>06/30/20</u>
474	52812.5 POUNDS OF FOOD _____ _____ _____	\$ <u>91,894.</u>	<u>06/30/20</u>
475	52898 POUNDS OF FOOD _____ _____ _____	\$ <u>92,043.</u>	<u>06/30/20</u>
476	52940 POUNDS OF FOOD _____ _____ _____	\$ <u>92,116.</u>	<u>06/30/20</u>
477	53166 POUNDS OF FOOD _____ _____ _____	\$ <u>92,509.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
478	53561 POUNDS OF FOOD _____ _____ _____	\$ <u>93,196.</u>	<u>06/30/20</u>
479	55217 POUNDS OF FOOD _____ _____ _____	\$ <u>96,078.</u>	<u>06/30/20</u>
480	55389 POUNDS OF FOOD _____ _____ _____	\$ <u>96,377.</u>	<u>06/30/20</u>
481	55980 POUNDS OF FOOD _____ _____ _____	\$ <u>97,405.</u>	<u>06/30/20</u>
482	56121 POUNDS OF FOOD _____ _____ _____	\$ <u>97,651.</u>	<u>06/30/20</u>
483	56176 POUNDS OF FOOD _____ _____ _____	\$ <u>97,746.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
484	57935 POUNDS OF FOOD _____ _____ _____	\$ <u>100,807.</u>	<u>06/30/20</u>
485	58122 POUNDS OF FOOD _____ _____ _____	\$ <u>101,132.</u>	<u>06/30/20</u>
486	58518 POUNDS OF FOOD _____ _____ _____	\$ <u>101,821.</u>	<u>06/30/20</u>
487	58920 POUNDS OF FOOD _____ _____ _____	\$ <u>102,521.</u>	<u>06/30/20</u>
488	59091 POUNDS OF FOOD _____ _____ _____	\$ <u>102,818.</u>	<u>06/30/20</u>
489	59507 POUNDS OF FOOD _____ _____ _____	\$ <u>103,542.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
490	59608 POUNDS OF FOOD _____ _____ _____	\$ <u>103,718.</u>	<u>06/30/20</u>
491	59901 POUNDS OF FOOD _____ _____ _____	\$ <u>104,228.</u>	<u>06/30/20</u>
492	60794 POUNDS OF FOOD _____ _____ _____	\$ <u>105,782.</u>	<u>06/30/20</u>
493	61207 POUNDS OF FOOD _____ _____ _____	\$ <u>106,500.</u>	<u>06/30/20</u>
494	61983 POUNDS OF FOOD _____ _____ _____	\$ <u>107,850.</u>	<u>06/30/20</u>
495	62090 POUNDS OF FOOD _____ _____ _____	\$ <u>108,037.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
496	62162 POUNDS OF FOOD _____ _____ _____	\$ <u>108,162.</u>	<u>06/30/20</u>
497	62494 POUNDS OF FOOD _____ _____ _____	\$ <u>108,740.</u>	<u>06/30/20</u>
498	62563 POUNDS OF FOOD _____ _____ _____	\$ <u>108,860.</u>	<u>06/30/20</u>
499	62697 POUNDS OF FOOD _____ _____ _____	\$ <u>109,093.</u>	<u>06/30/20</u>
500	62918 POUNDS OF FOOD _____ _____ _____	\$ <u>109,477.</u>	<u>06/30/20</u>
501	64546 POUNDS OF FOOD _____ _____ _____	\$ <u>112,310.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
502	64854 POUNDS OF FOOD _____ _____ _____	\$ <u>112,846.</u>	<u>06/30/20</u>
503	65875 POUNDS OF FOOD _____ _____ _____	\$ <u>114,623.</u>	<u>06/30/20</u>
504	65908 POUNDS OF FOOD _____ _____ _____	\$ <u>114,680.</u>	<u>06/30/20</u>
505	66758 POUNDS OF FOOD _____ _____ _____	\$ <u>116,159.</u>	<u>06/30/20</u>
506	66787 POUNDS OF FOOD _____ _____ _____	\$ <u>116,209.</u>	<u>06/30/20</u>
507	66913 POUNDS OF FOOD _____ _____ _____	\$ <u>116,429.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
508	68606 POUNDS OF FOOD _____ _____ _____	\$ <u>119,374.</u>	<u>06/30/20</u>
509	69028 POUNDS OF FOOD _____ _____ _____	\$ <u>120,109.</u>	<u>06/30/20</u>
510	69080 POUNDS OF FOOD _____ _____ _____	\$ <u>120,199.</u>	<u>06/30/20</u>
511	69985 POUNDS OF FOOD _____ _____ _____	\$ <u>121,774.</u>	<u>06/30/20</u>
512	69986 POUNDS OF FOOD _____ _____ _____	\$ <u>121,776.</u>	<u>06/30/20</u>
513	70133 POUNDS OF FOOD _____ _____ _____	\$ <u>122,031.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
514	70710 POUNDS OF FOOD _____ _____ _____	\$ <u>123,035.</u>	<u>06/30/20</u>
515	70892 POUNDS OF FOOD _____ _____ _____	\$ <u>123,352.</u>	<u>06/30/20</u>
516	71764 POUNDS OF FOOD _____ _____ _____	\$ <u>124,869.</u>	<u>06/30/20</u>
517	72419 POUNDS OF FOOD _____ _____ _____	\$ <u>126,009.</u>	<u>06/30/20</u>
518	72684 POUNDS OF FOOD _____ _____ _____	\$ <u>126,470.</u>	<u>06/30/20</u>
519	73304 POUNDS OF FOOD _____ _____ _____	\$ <u>127,549.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
520	73600 POUNDS OF FOOD _____ _____ _____	\$ <u>128,064.</u>	<u>06/30/20</u>
521	75849 POUNDS OF FOOD _____ _____ _____	\$ <u>131,977.</u>	<u>06/30/20</u>
522	76636 POUNDS OF FOOD _____ _____ _____	\$ <u>133,347.</u>	<u>06/30/20</u>
523	77045 POUNDS OF FOOD _____ _____ _____	\$ <u>134,058.</u>	<u>06/30/20</u>
524	77436 POUNDS OF FOOD _____ _____ _____	\$ <u>134,739.</u>	<u>06/30/20</u>
525	78553 POUNDS OF FOOD _____ _____ _____	\$ <u>136,682.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
526	79308 POUNDS OF FOOD _____ _____ _____	\$ <u>137,996.</u>	<u>06/30/20</u>
527	79593 POUNDS OF FOOD _____ _____ _____	\$ <u>138,492.</u>	<u>06/30/20</u>
528	79827 POUNDS OF FOOD _____ _____ _____	\$ <u>138,899.</u>	<u>06/30/20</u>
529	80079 POUNDS OF FOOD _____ _____ _____	\$ <u>139,337.</u>	<u>06/30/20</u>
530	80099 POUNDS OF FOOD _____ _____ _____	\$ <u>139,372.</u>	<u>06/30/20</u>
531	80604 POUNDS OF FOOD _____ _____ _____	\$ <u>140,251.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
532	81582 POUNDS OF FOOD _____ _____ _____	\$ <u>141,953.</u>	<u>06/30/20</u>
533	82255 POUNDS OF FOOD _____ _____ _____	\$ <u>143,124.</u>	<u>06/30/20</u>
534	82653 POUNDS OF FOOD _____ _____ _____	\$ <u>143,816.</u>	<u>06/30/20</u>
535	82737 POUNDS OF FOOD _____ _____ _____	\$ <u>143,962.</u>	<u>06/30/20</u>
536	84298 POUNDS OF FOOD _____ _____ _____	\$ <u>146,679.</u>	<u>06/30/20</u>
537	84712 POUNDS OF FOOD _____ _____ _____	\$ <u>147,399.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
538	85054 POUNDS OF FOOD _____ _____ _____	\$ <u>147,994.</u>	<u>06/30/20</u>
539	87121 POUNDS OF FOOD _____ _____ _____	\$ <u>151,591.</u>	<u>06/30/20</u>
540	88297 POUNDS OF FOOD _____ _____ _____	\$ <u>153,637.</u>	<u>06/30/20</u>
541	88301 POUNDS OF FOOD _____ _____ _____	\$ <u>153,644.</u>	<u>06/30/20</u>
542	89145 POUNDS OF FOOD _____ _____ _____	\$ <u>155,112.</u>	<u>06/30/20</u>
543	89964 POUNDS OF FOOD _____ _____ _____	\$ <u>156,537.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
544	90379 POUNDS OF FOOD _____ _____ _____	\$ <u>157,259.</u>	<u>06/30/20</u>
545	91134 POUNDS OF FOOD _____ _____ _____	\$ <u>158,573.</u>	<u>06/30/20</u>
546	91179 POUNDS OF FOOD _____ _____ _____	\$ <u>158,651.</u>	<u>06/30/20</u>
547	91686 POUNDS OF FOOD _____ _____ _____	\$ <u>159,534.</u>	<u>06/30/20</u>
548	91810 POUNDS OF FOOD _____ _____ _____	\$ <u>159,749.</u>	<u>06/30/20</u>
549	96062 POUNDS OF FOOD _____ _____ _____	\$ <u>167,148.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
550	100361 POUNDS OF FOOD _____ _____ _____	\$ <u>174,628.</u>	<u>06/30/20</u>
551	101239 POUNDS OF FOOD _____ _____ _____	\$ <u>176,156.</u>	<u>06/30/20</u>
552	102015 POUNDS OF FOOD _____ _____ _____	\$ <u>177,506.</u>	<u>06/30/20</u>
553	102925 POUNDS OF FOOD _____ _____ _____	\$ <u>179,090.</u>	<u>06/30/20</u>
554	104892 POUNDS OF FOOD _____ _____ _____	\$ <u>182,512.</u>	<u>06/30/20</u>
555	105164 POUNDS OF FOOD _____ _____ _____	\$ <u>182,985.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
556	107756 POUNDS OF FOOD _____ _____ _____	\$ <u>187,495.</u>	<u>06/30/20</u>
557	109707 POUNDS OF FOOD _____ _____ _____	\$ <u>190,890.</u>	<u>06/30/20</u>
558	110474 POUNDS OF FOOD _____ _____ _____	\$ <u>192,225.</u>	<u>06/30/20</u>
559	110655 POUNDS OF FOOD _____ _____ _____	\$ <u>192,540.</u>	<u>06/30/20</u>
560	113005 POUNDS OF FOOD _____ _____ _____	\$ <u>196,629.</u>	<u>06/30/20</u>
561	117485 POUNDS OF FOOD _____ _____ _____	\$ <u>204,424.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
562	120201 POUNDS OF FOOD _____ _____ _____	\$ <u>209,150.</u>	<u>06/30/20</u>
563	122668 POUNDS OF FOOD _____ _____ _____	\$ <u>213,442.</u>	<u>06/30/20</u>
564	122918.5 POUNDS OF FOOD _____ _____ _____	\$ <u>213,878.</u>	<u>06/30/20</u>
565	124508 POUNDS OF FOOD _____ _____ _____	\$ <u>216,644.</u>	<u>06/30/20</u>
566	124682.12 POUNDS OF FOOD _____ _____ _____	\$ <u>216,947.</u>	<u>06/30/20</u>
567	129099 POUNDS OF FOOD _____ _____ _____	\$ <u>224,632.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
568	129976 POUNDS OF FOOD _____ _____ _____	\$ <u>226,158.</u>	<u>06/30/20</u>
569	132239 POUNDS OF FOOD _____ _____ _____	\$ <u>230,096.</u>	<u>06/30/20</u>
570	133520 POUNDS OF FOOD _____ _____ _____	\$ <u>232,325.</u>	<u>06/30/20</u>
571	136587.5 POUNDS OF FOOD _____ _____ _____	\$ <u>237,662.</u>	<u>06/30/20</u>
572	138453 POUNDS OF FOOD _____ _____ _____	\$ <u>240,908.</u>	<u>06/30/20</u>
573	138565 POUNDS OF FOOD _____ _____ _____	\$ <u>241,103.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
574	145241 POUNDS OF FOOD _____ _____ _____	\$ <u>252,719.</u>	<u>06/30/20</u>
575	145284 POUNDS OF FOOD _____ _____ _____	\$ <u>252,794.</u>	<u>06/30/20</u>
576	146572 POUNDS OF FOOD _____ _____ _____	\$ <u>255,035.</u>	<u>06/30/20</u>
577	148448 POUNDS OF FOOD _____ _____ _____	\$ <u>258,300.</u>	<u>06/30/20</u>
578	149813 POUNDS OF FOOD _____ _____ _____	\$ <u>260,675.</u>	<u>06/30/20</u>
579	155790 POUNDS OF FOOD _____ _____ _____	\$ <u>271,075.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
580	173679 POUNDS OF FOOD _____ _____ _____	\$ <u>302,201.</u>	<u>06/30/20</u>
581	179852 POUNDS OF FOOD _____ _____ _____	\$ <u>312,942.</u>	<u>06/30/20</u>
582	180785 POUNDS OF FOOD _____ _____ _____	\$ <u>314,566.</u>	<u>06/30/20</u>
583	208129 POUNDS OF FOOD _____ _____ _____	\$ <u>362,144.</u>	<u>06/30/20</u>
584	226125 POUNDS OF FOOD _____ _____ _____	\$ <u>393,458.</u>	<u>06/30/20</u>
585	262699 POUNDS OF FOOD _____ _____ _____	\$ <u>457,096.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
586	266183 POUNDS OF FOOD _____ _____ _____	\$ <u>463,158.</u>	<u>06/30/20</u>
587	300591 POUNDS OF FOOD _____ _____ _____	\$ <u>523,028.</u>	<u>06/30/20</u>
588	325708 POUNDS OF FOOD _____ _____ _____	\$ <u>566,732.</u>	<u>06/30/20</u>
589	328859 POUNDS OF FOOD _____ _____ _____	\$ <u>572,215.</u>	<u>06/30/20</u>
590	360360 POUNDS OF FOOD _____ _____ _____	\$ <u>627,026.</u>	<u>06/30/20</u>
591	425007 POUNDS OF FOOD _____ _____ _____	\$ <u>739,512.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
592	456037 POUNDS OF FOOD _____ _____ _____	\$ <u>793,504.</u>	<u>06/30/20</u>
593	553882 POUNDS OF FOOD _____ _____ _____	\$ <u>963,755.</u>	<u>06/30/20</u>
594	723974.55 POUNDS OF FOOD _____ _____ _____	\$ <u>1,259,716.</u>	<u>06/30/20</u>
595	735894 POUNDS OF FOOD _____ _____ _____	\$ <u>1,280,456.</u>	<u>06/30/20</u>
596	816593 POUNDS OF FOOD _____ _____ _____	\$ <u>1,420,872.</u>	<u>06/30/20</u>
597	1576877 POUNDS OF FOOD _____ _____ _____	\$ <u>2,743,766.</u>	<u>06/30/20</u>

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
598	4127684.5 POUNDS OF FOOD _____ _____ _____	\$ 7,182,171.	06/30/20
599	6605937 POUNDS OF FOOD _____ _____ _____	\$ 11,494,323.	06/30/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FEED MORE, INC.	Employer identification number 54-1150923
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2019

Open to Public Inspection

Name of the organization FEED MORE, INC. Employer identification number 54-1150923

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with amounts for revenue and assets, and received or held art collections for financial gain with amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,395,853.	4,200,212.	4,190,718.	3,599,475.	3,534,529.
b Contributions	512,548.	150,500.	500.	367,817.	259,067.
c Net investment earnings, gains, and losses	-523.	223,649.	179,297.	386,914.	-14,065.
d Grants or scholarships					
e Other expenditures for facilities and programs	161,972.	178,508.	170,303.	163,488.	180,056.
f Administrative expenses					
g End of year balance	4,745,906.	4,395,853.	4,200,212.	4,190,718.	3,599,475.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 27.73 %
 - b Permanent endowment 50.99 %
 - c Term endowment 21.28 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		604,820.		604,820.
b Buildings		13,169,433.	4,247,128.	8,922,305.
c Leasehold improvements		132,714.	18,575.	114,139.
d Equipment		4,917,330.	2,973,557.	1,943,773.
e Other		2,511,547.	1,049,124.	1,462,423.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,047,460.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS - ENDOWMENT		
(B) FUND	4,745,906.	END-OF-YEAR MARKET VALUE
(C) OTHER INVESTMENTS	2,317,492.	END-OF-YEAR MARKET VALUE
(D) RIGHT OF USE LEASE	171,529.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,234,927.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATIONS	171,529.
(3) PPP CARES ACT LOAN PAYABLE	1,017,300.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,188,829.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	74,431,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-298,001.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-298,001.	
3	Subtract line 2e from line 1	3	74,729,160.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	74,729,160.	

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

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

1	Total expenses and losses per audited financial statements		1	70,003,279.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	70,003,279.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	70,003,279.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO SUPPORT THE OPERATING NEEDS OF FEEDMORE TO FEED HUNGRY PEOPLE.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBES A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

MANAGEMENT HAS EVALUATED THE EFFECT OF GUIDANCE SURROUNDING UNCERTAIN INCOME TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS NO

Part XIII Supplemental Information *(continued)*

SIGNIFICANT FINANCIAL STATEMENT EXPOSURE TO UNCERTAIN INCOME TAX POSITIONS
AT JUNE 30, 2020 AND 2019. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT
BY ANY TAX JURISDICTION.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **FEED MORE, INC.** Employer identification number **54-1150923**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NETWORK OF 269 MEMBER AGENCIES VARIOUS EIN(S) VARIOUS, VA 23220		501(C)(3)	0.	52,296,768.	NATIONWIDE SURVEY BY KPMG	FOOD	FEEDMORE, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 269 FEEDING PARTNERS.
DOWN TO EARTH MINISTRIES 3825 AUSTIN AVE. RICHMOND, VA 23223	54-1817988	501(C)(3)	0.	1,810.	FMV	ATOSA FREEZER, REACH IN, ONE-S	GENERAL PURPOSE
CARES INC. 120-A E. WASHINGTON ST. PETERSBURG, VA 23804	52-1248949	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
CARES INC. 120-A E. WASHINGTON ST. PETERSBURG, VA 23804	52-1248949	501(C)(3)	0.	581.	FMV	CHROMEBOOKS	GENERAL PURPOSE
HEALTHY HEARTS PLUS 705 TWIN RIDGE LANE RICHMOND, VA 23235	54-1958577	501(C)(3)	5,000.	0.			KROGER GRANT
BAY AGING PO BOX 610 URBANNA, VA 23175	54-1085032	501(C)(3)	2,500.	0.			FOOD LION GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **316.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTROLLED OUTCOMES 100 S. KIPPAX STREET HOPEWELL, VA 23860	46-3429639	501(C)(3)	0.	1,646.	FMV	ATOSA FREEZER, REACH IN, ONE-S	GENERAL PURPOSE
CONTROLLED OUTCOMES 100 S. KIPPAX STREET HOPEWELL, VA 23860	46-3429639	501(C)(3)	0.	1,437.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
EPHESUS 7TH DAY ADVENTIST CHURCH 3700 MIDLOTHIAN TURNPIKE RICHMOND, VA 23224	54-0855198	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
EPHESUS 7TH DAY ADVENTIST CHURCH 3700 MIDLOTHIAN TURNPIKE RICHMOND, VA 23224	54-0855198	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
FIRST UNION PANTRY 6144 DERWENT ROAD RICHMOND, VA 23225	54-6111738	501(C)(3)	5,000.	0.			KROGER GRANT
PRINCE GEORGE CHURCHES OUTREACH 1200 HARRISON CREEK BLVD PETERSBURG, VA 23803	27-3122889	501(C)(3)	3,500.	0.			FOOD LION GRANT
REFUGE TEMPLE MINISTRIES 14330 BOYDTON PLANK ROAD WARFIELD, VA 23889	54-1019763	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
REFUGE TEMPLE MINISTRIES 14330 BOYDTON PLANK ROAD WARFIELD, VA 23889	54-1019763	501(C)(3)	0.	1,296.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE
REFUGE TEMPLE MINISTRIES 14330 BOYDTON PLANK ROAD WARFIELD, VA 23889	54-1019763	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORD SPIRIT AND LIFE MINISTRIES 3600 NORTH STREET CHESTER, VA 23831	61-1543849	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
WORD SPIRIT AND LIFE MINISTRIES 3600 NORTH STREET CHESTER, VA 23831	61-1543849	501(C)(3)	0.	581.	FMV	CHROMEBOOKS	GENERAL PURPOSE
WORD SPIRIT & LIFE MINISTRIES 3600 NORTH STREET CHESTER, VA 23831	61-1543849	501(C)(3)	1,500.	0.			KROGER GRANT
ST. STEPHENS EPISCOPAL 6000 GROVE AVENUE RICHMOND, VA 23226	31-1629166	501(C)(3)	75.	0.			NUDGES TEAM WELLNES PANTRY FEE ERIN LINGO AT ST. STEPHENS
PETERSBURG 7TH DAY ADVENTIST 17431 SIMMONS BRANCH TER CHESTERFIELD, VA 23838	54-0695086	501(C)(3)	0.	1,855.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
PETERSBURG 7TH DAY ADVENTIST 17431 SIMMONS BRANCH TER CHESTERFIELD, VA 23838	54-0695086	501(C)(3)	0.	2,905.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
PETERSBURG 7TH DAY ADVENTIST 17431 SIMMONS BRANCH TER CHESTERFIELD, VA 23838	54-0695086	501(C)(3)	0.	2,031.	FMV	FRIGIDAIRE 24.9 CUBIC FEET FREEZER CHEST	GENERAL PURPOSE
ST. THOMAS' EPISCOPAL CHURCH FOOD PANTRY - 3602 HAWTHORNE AVE. - RICHMOND, VA 23222	54-0600404	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
ST. THOMAS' EPISCOPAL CHURCH FOOD PANTRY - 3602 HAWTHORNE AVE. - RICHMOND, VA 23222	54-0600404	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS EPISCOPAL CHURCH 3602 HAWTHORNE AVE. RICHMOND, VA 23222	54-0600404	501(C)(3)	4,500.	0.			FOOD LION GRANT
DISCOVERY UMC 13000 GAYTON ROAD RICHMOND, VA 23233	54-1252910	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
ST. STEPHENS EPISCOPAL 6000 GROVE AVENUE RICHMOND, VA 23226	31-1629166	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
ST. STEPHENS EPISCOPAL 6000 GROVE AVENUE RICHMOND, VA 23226	31-1629166	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
CHESTERFIELD FOOD BANK PO BOX 2729 CHESTERFIELD, VA 23831	27-1286258	501(C)(3)	3,500.	0.			FOOD LION GRANT
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 22572	27-3080400	501(C)(3)	50,000.	0.			SUPPORT PLEDGE FOR HEALTHY HARVEST BUILDING
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 22572	27-3080400	501(C)(3)	250,000.	0.			NEW BUILDING FUND
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 22572	27-3080400	501(C)(3)	4,000.	0.			FOOD LION GRANT
THREE CHOPT PRESBYTERIAN 9315 THREE CHOPT ROAD HENRICO, VA 23229	54-0842482	501(C)(3)	0.	1,646.	FMV	ATOSA FREEZER, REACH IN, ONE-S	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE CHOPT PRESBYTERIAN 9315 THREE CHOPT ROAD HENRICO, VA 23229	54-0842482	501(C)(3)	0.	1,437.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
HOPE POINT CHURCH 10500 NEWBYS BRIDGE ROAD CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
HOPE POINT CHURCH 10500 NEWBYS BRIDGE ROAD CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	0.	581.	FMV	CHROMEBOOKS	GENERAL PURPOSE
HOPE POINT CHURCH - CHESTERFIELD 10500 NEWBYS BRIDGE ROAD CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	0.	1,296.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE
HOPE POINT CHURCH - CHESTERFIELD 10500 NEWBYS BRIDGE ROAD CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
ST. MATTHIAS CHURCH 11300 W. HUGUENOT ROAD MIDLOTHIAN, VA 23113	31-1629165	501(C)(3)	0.	997.	FMV	ATOSA CHEST FREEZER	GENERAL PURPOSE
ST. MATTHIAS CHURCH 11300 W. HUGUENOT ROAD MIDLOTHIAN, VA 23113	31-1629165	501(C)(3)	0.	303.	FMV	CHROMEBOOKS	GENERAL PURPOSE
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	1,296.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
PROJECT RESTORATION, INC. P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	4,500.	0.			FOOD LION GRANT
ABUNDANT LOVE FOOD PANTRY P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
ABUNDANT LOVE FOOD PANTRY P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	1,296.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE
ABUNDANT LOVE FOOD PANTRY P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
MOUNTAIN MOVERS MINISTRY 885 RESEARCH ROAD CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
MOUNTAIN MOVERS MINISTRY 885 RESEARCH ROAD CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	0.	581.	FMV	CHROMEBOOKS	GENERAL PURPOSE
EL SHADDAI MINISTRY 150 CONCORD LANE EMPORIA, VA 23847	47-4460835	501(C)(3)	3,500.	0.			FOOD LION GRANT
THE CORNERSTONE OF DELIVERANCE 3416 BLACKSTONE RD. KENBRIDGE, VA 23944	54-2025204	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CORNERSTONE OF DELIVERANCE 3416 BLACKSTONE RD. KENBRIDGE, VA 23944	54-2025204	501(C)(3)	0.	1,296.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE
THE CORNERSTONE OF DELIVERANCE 3416 BLACKSTONE RD. KENBRIDGE, VA 23944	54-2025204	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
THE CORNERSTONE OF DELIVERANCE 3416 BLACKSTONE RD. KENBRIDGE, VA 23944	54-2025204	501(C)(3)	6,500.	0.			KROGER GRANT
CUMBERLAND COMMUNITY CARES 1550 ANDERSON HIGHWAY CUMBERLAND, VA 23040	82-2984450	501(C)(3)	4,000.	0.			FOOD LION GRANT
HAND UP 5901 MIDDLEFIELD LANE CHESTERFIELD, VA 23832	81-4793620	501(C)(3)	0.	2,855.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE
HAND UP 5901 MIDDLEFIELD LANE CHESTERFIELD, VA 23832	81-4793620	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 23162	81-1110291	501(C)(3)	3,500.	0.			FOOD LION GRANT
SHEPHERD'S WAY RELIEF CENTER 400 E MAIN STREET RICHMOND, VA 23219	45-4457571	501(C)(3)	3,500.	0.			FOOD LION GRANT
ST. PAUL'S BAPTIST CHURCH 4247 CREIGHTON RD. HENRICO, VA 23223	20-0978241	501(C)(3)	900.	0.			KROGER GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPEWELL FOOD PANTRY P. O. BOX 1532 HOPEWELL, VA 23860	54-1356910	501(C)(3)	0.	303.	FMV	CHROMEBOOKS	GENERAL PURPOSE
JEWISH COMMUNITY CENTER- RICH. & CDC - 5403 MONUMENT AVENUE - RICHMOND, VA 23226	54-0535104	501(C)(3)	1,190.	0.			SIP WITH THE SCHEROTER FB EVENT MONEY FOR PR196 AGENCY ACCT
MT. OLIVE BAPTIST CHURCH 3845 NIGHTMUSE WAY GLEN ALLEN, VA 23060	54-1180722	501(C)(3)	0.	3,525.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
MT. OLIVE BAPTIST CHURCH 3845 NIGHTMUSE WAY GLEN ALLEN, VA 23060	54-1180722	501(C)(3)	0.	581.	FMV	CHROMEBOOKS	GENERAL PURPOSE
MT. OLIVE BAPTIST CHURCH 3845 NIGHTMUSE WAY GLEN ALLEN, VA 23060	54-1180722	501(C)(3)	0.	589.	FMV	STEEL STORAGE SHELVING UNITS	GENERAL PURPOSE
MOUNT OLIVE OUTREACH PO BOX 1806 MECHANICSVILLE, VA 23116	54-1180722	501(C)(3)	7,000.	0.			KROGER GRANT
HOLY NAME CHURCH OF JESUS INC. P.O. BOX 245 CHASE CITY, VA 23924	20-8930878	501(C)(3)	0.	1,800.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
HOLY NAME CHURCH OF JESUS INC. P.O. BOX 245 CHASE CITY, VA 23924	20-8930878	501(C)(3)	0.	1,296.	FMV	ATOSA REFRIGERATOR, REACH IN, ONE-S	GENERAL PURPOSE
HOLY NAME CHURCH OF JESUS INC. P.O. BOX 245 CHASE CITY, VA 23924	20-8930878	501(C)(3)	0.	601.	FMV	ATOSA REFRIGERATOR INSTALLATION	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	124,000.	0.			GROUNDS WORK FUND FOR 7000 SQ FT BUILDING
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	150,000.	0.			DRAW ON PLEDGED AMOUNT FOR CONSTRUCTION
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	100,000.	0.			DRAW FOR BUILDING CONSTRUCTION
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	125,500.	0.			REIMBURSEMENT FOR BUILDING FUND, FINAL PAYMENT
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	125,000.	0.			ADDITIONAL FACILITY FUNDS
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	3,500.	0.			FOOD LION GRANT
TABERNACLE BAPTIST CHURCH 1925 GROVE AVENUE RICHMOND, VA 23220	54-0720604	501(C)(3)	2,300.	0.			KROGER GRANT
MEADOWOOD COG 325 AZALEA AVE. RICHMOND, VA 23227	62-0484177	501(C)(3)	0.	2,344.	FMV	ATOSA REFRIGERATOR, REACH IN, TWO-S	GENERAL PURPOSE
MEADOWOOD COG 325 AZALEA AVE. RICHMOND, VA 23227	62-0484177	501(C)(3)	0.	1,437.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEADOWOOD COG 325 AZALEA AVE. RICHMOND, VA 23227	62-0484177	501(C)(3)	539.	0.			REIMB FOR ELECTRICAL RE-WIRING DONE AT PANTRY
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVE. RICHMOND, VA 23220	54-0715904	501(C)(3)	4,000.	0.			FOOD LION GRANT
NEW HOPE COMMUNITY CHURCH 6501 PARRISH ROAD PROVIDENCE FORGE, VA 23140	74-3180081	501(C)(3)	4,500.	0.			FOOD LION GRANT
THE CORNERSTONE COMM. DEV. CTR. PO BOX 68 AYLETT, VA 23009	54-1398635	501(C)(3)	4,500.	0.			FOOD LION GRANT
THE CORNERSTONE COMM. DEV. CTR. PO BOX 68 AYLETT, VA 23009	54-1398635	501(C)(3)	5,200.	0.			KROGER GRANT
BROKEN BREAD MINISTRIES 506 SOUTH HOLLY AVE. HIGHLAND SPRINGS, VA 23075	54-1598036	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
BROKEN BREAD MINISTRIES 506 SOUTH HOLLY AVE. HIGHLAND SPRINGS, VA 23075	54-1598036	501(C)(3)	0.	467.	FMV	WHITE CHEST FREEZER	GENERAL PURPOSE
BROKEN BREAD MINISTRIES 506 SOUTH HOLLY AVE. HIGHLAND SPRINGS, VA 23075	54-1598036	501(C)(3)	0.	1,740.	FMV	VISA GIFT CARD GIVEN TO BROKEN BREAD FOR	GENERAL PURPOSE
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	4,000.	0.			FOOD LION GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDEMPTION OUTREACH CENTER 1641 FOREST GLENN CIRCLE CHESTER, VA 23836	76-0803311	501(C)(3)	0.	2,018.	FMV	ATOSA REFRIGERATOR, REACH IN	GENERAL PURPOSE
REDEMPTION OUTREACH CENTER 1641 FOREST GLENN CIRCLE CHESTER, VA 23836	76-0803311	501(C)(3)	0.	575.	FMV	CHROMEBOOKS	GENERAL PURPOSE
BELMONT UNITED METHODIST CHURCH 3510 BROAD ROCK BLVD. RICHMOND, VA 23234	54-6050358	501(C)(3)	2,400.	0.			NEW COOLER INSTALLATION PAYMENT TO AGENCY
BELMONT UNMC 3510 BROAD ROCK BLVD. RICHMOND, VA 23234	54-6050358	501(C)(3)	4,500.	0.			FOOD LION GRANT
GOOCHLAND CARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	2,500.	0.			FOOD LION GRANT
GOOCHLAND CARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	6,600.	0.			KROGER GRANT
BEAVERDAM BAPTIST CHURCH 19110 BEAVERDAM RD. BEAVERDAM, VA 23015	54-1821694	501(C)(3)	3,500.	0.			FOOD LION GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEALS DELIVERED TO HOMEBOUND CLIENTS	501340	0.	2,065,912.	APPRAISAL AND RETAIL VALUE OF PURCHASED FOOD	COST TO PRODUCE & PURCHASE INDIVIDUAL MEALS PREPARED AND DELIVERED.
CHILDREN IN NEED	270771	0.	786,869.	APPRAISAL AND RETAIL VALUE OF PURCHASED FOOD	CONGREGATE MEALS PREPARED AND DELIVERED.
WEEKEND CHILDREN IN NEED	306744	0.	151,588.	APPRAISAL AND RETAIL VALUE OF PURCHASED FOOD	BACKPACK MEALS PURCHASED AND DELIVERED

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

PART I, LINE 2:

THE AGENCY GRANTS HELP STRENGTHEN PARTNER AGENCY NETWORK BY PROVIDING FOOD
FOR DISTRIBUTION TO PEOPLE IN NEED. THE DISTRIBUTION OF THIS FOOD IS
CLOSELY MONITORED BY OUR EMPLOYEES TO INSURE THEY MEET OUR CRITERIA TO BE A
PARTNER.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: BROKEN BREAD MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: VISA GIFT CARD GIVEN TO BROKEN

Part IV Supplemental Information

BREAD FOR DISTRIBUTION

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

FEED MORE, INC.

Employer identification number

54-1150923

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS PICK CHIEF EXECUTIVE OFFICER	(i)	249,112.	0.	0.	14,290.	12,497.	275,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY MCDERMOTT CHIEF DEVELOPMENT OFFICER	(i)	169,740.	0.	0.	10,157.	12,774.	192,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD GLIOT CHIEF OPERATIONS OFFICER	(i)	160,570.	0.	0.	3,663.	12,889.	177,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE LEATHERMAN CHIEF FINANCIAL OFFICER	(i)	160,277.	0.	0.	10,087.	20,362.	190,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **FEED MORE, INC.** Employer identification number: **54-1150923**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	43	693,748.	NYSE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	897	55,487,406.	AVG VALUE/# OF FOOD
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GIFT CARDS)	X	206	8,120.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, LINE 32B:

ALL PUBLICLY TRADED SECURITIES ARE SOLD BY REGISTERED BROKERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

FEED MORE, INC.

Employer identification number

54-1150923

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

ORGANIZATION SERVING CHILDREN, FAMILIES, AND SENIORS WITHIN OUR 34 CITY
AND COUNTY SERVICE AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENSURE FOOD-INSECURE CHILDREN OUR NOURISHED AT THE END OF THE SCHOOL
DAY AND OVER WEEKENDS DURING THE SCHOOL YEAR AND AT COMMUNITY SITES
DURING THE SUMMER.

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

THE 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE PRIOR TO FILING.
THE FULL BOARD IS SENT AN ELECTRONIC COPY OF THE 990 BEFORE IT IS FILED
SOLICITING ANY COMMENTS OR CONCERNS. ONCE ALL OF THIS HAS BEEN DONE AND
THE 990 IS COMPLETED TO THE TREASURER'S (A CPA WHO IS A VOTING,
INDEPENDENT, UNPAID BOARD MEMBER) SATISFACTION, HE SIGNS THE RETURN.

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

- 1) ALL OFFICERS AND BOARD MEMBERS ARE REQUIRED TO FILE A DISCLOSURE FORM
ANNUALLY LISTING ALL POTENTIAL CONFLICTS OF INTEREST. THIS FORM IS ALSO
REQUIRED TO BE UPDATED DURING THE YEAR IF THERE ARE ANY CHANGES.
- 2) IF THE BOARD MUST TAKE ANY ACTIONS, ANY MEMBER HAVING A POTENTIAL
CONFLICT OF INTEREST IS REQUIRED TO RECUSE THEMSELVES FROM THE DISCUSSION
AND VOTE ON THE ACTION.

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

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE BOARD OF

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FEED MORE, INC.	Employer identification number 54-1150923
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DIRECTORS, WHO ARE ALL INDEPENDENT.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC. ANYONE WISHING TO EXAMINE SUCH DOCUMENTS CAN TELEPHONE OR VISIT OUR OFFICES DURING NORMAL WORKING HOURS (8:00AM - 4:30PM) MONDAY THROUGH FRIDAY AND COPIES OF THESE DOCUMENTS WILL BE GIVEN TO THEM FREE OF CHARGE. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.